#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES N	IONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 2,241 01/29/04
DEL NORTE COUNTY		VICES FOR CASH GRANT	- ACED	AID CODE	1.0		01/29/04
DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR CASH GRANT	- AGED	AID CODE	MONT	THIV AVEDAG	2F
2,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
2,100 1110111110		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,639	26,744 \$	523,521.32	\$ 19.58	12.347 \$	319.42	
@PHYSICIANS SERVICES	259	676 \$	12,755.56		.312 \$	49.25	
OUTPATIENT VISITS	7	8	264.30	33.04	.004	37.76	.12
OFFICE VISITS	7	8	264.30	33.04	.004	37.76	.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	000	0.0	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	255	668	12,491.26	18.70	.308	48.99	5.77
@PHARMACY	1,416	17,133 \$	395,803.60		7.910 \$		
PRESCRIPTION DRUGS	1,388 8	5,078 60	383,453.44	75.51 78.41	2.344	276.26 588.04	177.03 2.17
SNF/ICF OUTPATIENTS		5,018	4,704.33 378,749.11	75.48	2.317	274.46	174.86
MEDICAL SUPPLIES	1,380 136	12,055	12,350.16	1.02	5.566	90.81	5.70
@DENTIST	34	12,035 101 \$	6,254.00		.047 \$		
VISITS - DIAGNOSTIC	19	45	608.00	12 51	.021	32.00	.28
ORAL SURGERY	7	32	1,671.00	13.51 52.22	.015	238.71	.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	2	4	55.00	13.75	.002	27.50	.03
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	9	14	3,890.00	277.86	.006	432.22	1.80
SPACE MAINTAINERS	Ő	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ō	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N					PAGE 2,242
MODOSA	EEE EOD CEDVIC						01/20/04

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

----- MONTHLY AVERAGE -----

01/29/04

PAGE 2,241

2,166 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	46	107 \$	2,262.76	\$ 21.15	.049 \$	49.19	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	10	9	427.05	47.45	.004	42.71	.20
EYE APPLIANCES	34	94	1,589.61	16.91	.043	46.75	.73
OTHER OPTOMETRIC SERVICES	7	4	246.10	61.53	.002	35.16	.11
@CHIROPRACTOR	2	6 \$	23.01	\$ 3.84	.003 \$	11.51	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	6	23.01	3.84	.003	11.51	.01
@PODIATRIST	54	82 \$	975.35	\$ 11.89	.038 \$	18.06	\$.45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	54	82	975.35	11.89	.038	18.06	.45
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	188	539 \$	31,351.40	\$ 58.17	.249 \$	166.76	\$ 14.47
HOSP INPATIENT TOTAL	30	75	24,473.15	326.31	.035	815.77	11.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	30	75	24,473.15	326.31	.035	815.77	11.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	184	464	6,878.25	14.82	.214	37.38	3.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	7.70	7.70	.000	7.70	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	183	463	6,870.55	14.84	.214	37.54	3.17
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,243
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- AGED	AID CODE			
					MONT	THIV AWERA	GE

2,166 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

			7		חשת	11N1TT / D 3 37	ספס פודר	,	HCED		ET TOTOLE
@COMMUNITY HOSPITAL TOTAL	188	OR DAYS OF CARE	\$	31,351.40	Р£К \$	58.17	PER ELIG		USER 166.76	\$	ELIGIBLE 14.47
COMM HOSP INPATIENT TOTAL	30	75	Ą	24,473.15	Ą	326.31	.035	Ą	815.77	Ą	11.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	30	75		24,473.15		326.31	.035		815.77		11.30
ALL OTHER INPATIENT	0	0		The state of the s		.00	.000		.00		.00
	184	464		.00 6,878.25		14.82	.214		37.38		3.18
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		7.70		7.70	.000		7.70		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		
ROOM USE	183			.00			.214				.00
CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	103	463 0	بي	6,870.55	\$	14.84	.000	\$	37.54	\$	3.17 .00
	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	12	162	\$	26,031.77	\$	160.69	.075	\$	2169.31	\$	12.02
@NURSING FACILITY LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	12	162		26,031.77		160.69	.075		2169.31		12.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$	389.79	.001	\$	779.57	\$.36
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	1	2		779.57		389.79	.001		779.57		.36
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
INDEPENDENT FACILITY	0	Õ		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	16	\$	187.81	\$	11.74	.007	\$	13.42	\$.09
PATHOLOGY	10	12	٧	165.30	Υ	13.78	.006	Ψ.	16.53	٧	.08
XO AND OTHERS	4	4		22.51		5.63	.002		5.63		.01
@ORGANIZED OUTPATIENT CLINIC	372	545	\$	26,977.26	\$	49.50	.252	\$	72.52	\$	12.45
CLINIC	0	0	τ.	.00	Υ	.00	.000	Τ.	.00	Ψ.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	372	545		26,977.26		49.50	.252		72.52		12.45
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	EPORT			DEC		P	AGE 2,244
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
DEL NORTE COUNTY		ICES FOR CASH GF	RANT	' - AGED		AID CODE	10				
							M	TION	HLY AVERA	GE	
2,166 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER		PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	324	7,375	\$		\$		3.405	\$	62.10	\$	
DURABLE MED. EQUIP.	8	11		586.62		53.33	.005		73.33		. 27
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		385.07		385.07	.000		385.07		.18
MEDICAL TRANSPORTATION	12	1,141		1,816.29		1.59	.527		151.36		.84
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	7	1,098		1,768.14		1.61	.507		252.59		.82

OTHER SERVICES	5	43	48.15	1.12	.020	9.63	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	130	1,802.85	13.87	.060	30.05	.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.000	3.86	.00
PROSTHETICS	1	1	3.86	3.86	.000	3.86	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	11	2,392.87	217.53	.005	265.87	1.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	250	6,080	13,131.67	2.16	2.807	52.53	6.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	615	4,350	\$ 66,598.39	\$ 15.31	2.008	\$ 108.29	\$ 30.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----341 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12,809 15.59 37.563 \$ 731.31 \$ 585.48 @TOTAL, ALL PROVIDERS 199,648.07 @PHYSICIANS SERVICES 72 145 9,246.76 63.77 .425 \$ 128.43 \$ 27.12 OUTPATIENT VISITS 26 35 41.80 .103 56.27 4.29 1,463.03 OFFICE VISITS 23 29 1,084.45 37.39 .085 47.15 3.18 0 .00 .00 HOME VISITS .00 .000 .00 EMERGENCY ROOM 378.58 63.10 .018 94.65 1.11 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .000 INPATIENT VISITS .00 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 249.33 .015 .73 49.87 49.87 249.33 49.87 .015 49.87 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 340.65 113.55 113.55 .009 1.00 PRINCIPAL SURGEON 340.65 113.55 .009 113.55 1.00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 DIALYSIS .00 .00 .000 .00 .00 2 90.65 PATHOLOGY 45.33 .006 45.33 .27 431.68 26.98 30.83 1.27 RADIOLOGY 14 16 .047 **PSYCHIATRY** 0 .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	4	24	5,635.56	234.82	.070	1408.89	16.53
OTHER SERVICES/ALL X-OVERS	39	60	1,035.86	17.26	.176	26.56	3.04
@PHARMACY	236	10,944	\$ 78,946.21	\$ 7.21	32.094	\$ 334.52	\$ 231.51
PRESCRIPTION DRUGS	232	910	69,240.51	76.09	2.669	298.45	203.05
SNF/ICF	6	44	1,286.60	29.24	.129	214.43	3.77
OUTPATIENTS	227	866	67,953.91	78.47	2.540	299.36	199.28
MEDICAL SUPPLIES	63	10,034	9,705.70	.97	29.425	154.06	28.46
@DENTIST	7	24	\$ 870.00	\$ 36.25	.070	\$ 124.29	\$ 2.55
VISITS - DIAGNOSTIC	5	14	345.00	24.64	.041	69.00	1.01
ORAL SURGERY	2	3	215.00	71.67	.009	107.50	.63
DRUGS	1	3	45.00	15.00	.009	45.00	.13
ANESTHESIA	1	1	100.00	100.00	.003	100.00	.29
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	3	165.00	55.00	.009	55.00	.48	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DEC	2003	PAGE 2,24	6
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/0	4
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	Γ – BIJIND	AID CODE	2.0			

MOP024	FEE-FOR-SERVICE	E/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR	CASH GR	RANT - I	BLIND		AID CODE	20				
DEL NORTE COUNTY								M	ONT	HLY AVERA		
341 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	}	669.15 117.49	PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7		17	\$	669.15	\$	39.36	.050	\$	95.59	\$	1.96
DIAGNOSTIC AND ANC. PROCED	3		3	•	117.49		39.16	.009	•	39.16	•	.34
EYE APPLIANCES	5		14		551.66		39.40	.041		110.33		1.62
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2		3	\$	50.16	Ś		.009	Ś	25.08	Ś	
VICITO	1		1	Υ	16.72	~	16.72	.003		16.72	٧	.05
OTUTO CEDVICEC	1		2		33.44		16.72	.005		33.44		.10
OTHER SERVICES	2		2	ċ	96.71	\$	48.36	.006	ċ.	48.36	بغ	.28
WEDICINE / INTECRIONS	2		2	Ş	96.71	Ą	48.36				Ą	.28
MEDICINE/INDECTIONS	2		2		96.71			.006		40.30		
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00	4.	.00	.000		.00	4.	.00
@HOME HEALTH AGENCY	Ţ		Ţ	Ş	.00 .00 37.43 175.66	\$	37.43	.003	Ş	37.43		.11
NURSE ANESTHESIST	2		8	Ş	175.66	\$.023	Ş	87.83		.52
NURSE MIDWIFE	0		0	Ş	.00	ې	.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	66		531	\$	38,676.30	\$	72.84	1.557	\$	586.00		
HOSP INPATIENT TOTAL	9		40		27,248.00 13,506.00		681.20	.117		3027.56		79.91
HSC HOSPITALS	2		8		13,506.00		1688.25	.023		6753.00		39.61
NON-HSC HOSPITAL TOTAL	2		10		9,570.00		681.20 1688.25 957.00	.029		4785.00		28.06
ACCOMMODATIONS	2		10		9,570.00		957.00	.029				28.06
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		28.06 .00 .00 28.06 .00 12.23 .00 33.51 6.75 2.04 6.17
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		10		9,570.00		957.00	.029		4785 00		28 06
ANCTITARTES	2		10		0,370.00		.00	.000		.00		00
TNDATTENT CDOCCOVEDC	5		22		.00 4,172.00		189.64	.065		834 40		12 23
ALL OTHER INDATIONS	0				.00		.00	.000		007.70		12.23
ALL OTHER INPATTENT	63		401		11,428.30		22 20	1.440		834.40 .00 181.40 115.06		.00 22 E1
MEDICAL	93		491		2,301.18		47.40	.141		101.40		33.31
MEDICAL	20		48		2,301.18		23.28 47.94 63.18 13.40 52.63			115.00		0.75
SURGERY	8		1 T T		694.94		63.18	.032		86.87		2.04
PATHOLOGY	19		157		2,103.57		13.40	.460		110.71		6.17
RADIOLOGY	22		30		1,578.84		52.63	.088		/ 1 . / /		4.03
ROOM USE	28		48		1,666.60		34.72	.141		59.52		4.89
CROSSOVERS/ALL OTH OUTPTNT	42		197		3,083.17		15.65	.578		73.41		9.04
@COUNTY HOSPITAL TOTAL	1		3	\$	4,056.00	\$	1352.00		\$	4056.00	\$	
CO HOSPITAL INPATIENT TOTAL	. 1		3		4,056.00		1352.00	.009		4056.00		11.89
HSC HOSPITALS	1		3		4,056.00		1352.00	.009		4056.00		11.89
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCTLLARTES	0		0		.00		.00	. 000		.00		.00
INDATIENT CROSSOVERS	Ô		Ô		.00		.00	000		.00		.00
TITITIES THE THE	0		Õ		.00		.00	000		.00		.00
ΔΙ.Ι. ()'Ι'ΗΒ'Ρ ΙΝΙΡΔ'Ι'ΙΒ'Ν''					.00					. 00		
ALL OTHER INPATIENT	0		n		0.0		0.0	$\cap \cap \cap$		0.0		0.0
DEL NORTE COUNTY 341 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER #*TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL CO HOSPITAL INPATIENT TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0		0		.00		.00	.000		.00		.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	TURES N	MONTH-OF-PAYMENT R	REPORT			DEC 2003	PΑ	AGE 2,247
MOP024	FEE-FOR-SERVICE									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV		GRANT	- BLIND		AID CODE	20			, , , ,
							M	ONTHLY AVERA	GE -	
341 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S COST PER	C	COST PER
		OR DAYS OF CA	ARE		PEF	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	528	\$	34,620.30	\$	65.57	1.548	\$ 524.55	\$	101.53
COMM HOSP INPATIENT TOTAL	8	37	•	23,192.00	•	626.81	.109	2899.00		68.01
HSC HOSPITALS	1	5		9,450.00		1890.00	.015	9450.00		27.71
NON-HSC HOSPITALS TOTAL	2	10		9,570.00		957.00	.029	4785.00		28.06
ACCOMMODATIONS	2	10		9,570.00		957.00	.029	4785.00		28.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2 2 5 0	10		9,570.00		957.00	.029	4785.00		28.06
ANCILLARIES	2	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	5	22		4,172.00		189.64	.065	834.40		12.23
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	63	491		11,428.30		23.28	1.440	181.40		33.51
MEDICAL	20	48		2,301.18		47.94	.141	115.06		6.75
SURGERY	8	11		694.94		63.18	.032	86.87		2.04
PATHOLOGY	19	157		2,103.57		13.40	.460	110.71		6.17
RADIOLOGY	22	30		1,578.84		52.63	.088	71.77		4.63
ROOM USE	28	48		1,666.60		34.72	.141	59.52		4.89
CROSSOVERS/ALL OTH OUTPTNT	42	197		3,083.17		15.65	.578	73.41		9.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	7	334	\$	45,284.72	\$	135.58	.979	\$ 6469.25	\$	132.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

HSC HOSPITALS	1	5		9,450.00		1890.00	.015		9450.00		27.71
NON-HSC HOSPITALS TOTAL	2	10		9,570.00		957.00	.029		4785.00		28.06
ACCOMMODATIONS	2	10		9,570.00		957.00	.029		4785.00		28.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		9,570.00		957.00	.029		4785.00		28.06
ANCILLARIES	2	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	22		4,172.00		189.64	.065		834.40		12.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	63	491		11,428.30		23.28	1.440		181.40		33.51
MEDICAL	20	48		2,301.18		47.94	.141		115.06		6.75
SURGERY	8	11		694.94		63.18	.032		86.87		2.04
PATHOLOGY	19	157		2,103.57		13.40	.460		110.71		6.17
RADIOLOGY	22	30		1,578.84		52.63	.088		71.77		4.63
ROOM USE	28	48		1,666.60		34.72	.141		59.52		4.89
CROSSOVERS/ALL OTH OUTPTNT	42	197		3,083.17		15.65	.578		73.41		9.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	334	\$	45,284.72	\$	135.58	.979	\$	6469.25	\$	132.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	334		45,284.72		135.58	.979		6469.25		132.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	33	\$	522.77		15.84	.097		52.28	\$	1.53
PATHOLOGY	10	33		522.77		15.84	.097		52.28		1.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	80	128	\$	9,634.07	\$	75.27	.375	\$	120.43	\$	28.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	80	128		9,634.07		75.27	.375		120.43		28.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 2,248
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DET MODE COINTY	CIIMMADV OF CEDVITCEC FOD	CVCT	CDANT - DITNE)		VID CODE	י כח				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

							Mo	ONTHLY AVER	GE -	
341 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY:	S COST PER	C	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	54	639	\$	15,438.13	\$	24.16	1.874	\$ 285.89	\$	45.27
DURABLE MED. EQUIP.	3	22		6,291.15		285.96	.065	2097.05		18.45
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	17	332		5,249.74		15.81	.974	308.81		15.40
AMBULANCES/AIR TRANS	12	266		3,421.03		12.86	.780	285.09		10.03
OTHER TRANS	3	24		189.48		7.90	.070	63.16		.56
OTHER SERVICES	3	42		1,639.23		39.03	.123	546.41		4.81
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.003	105.00		.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	11	24		1,524.70		63.53	.070	138.61		4.47
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	2		264.56		132.28	.006	132.28		.78
PROSTHETICS	2	2		264.56		132.28	.006	132.28		.78
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	4		140.08		35.02	.012	46.69		.41
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3	9		55.08		6.12	.026	18.36		.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	20	245		1,807.82		7.38	.718	90.39		5.30
@CALIF. CHILDREN SERVICES*	17	502	\$	30,183.66	\$	60.13	1.472	\$ 1775.51	\$	88.52
@XOVER EXCLUDING STATE HOSP**	66	1,619	\$	17,325.22	\$	10.70	4.748	\$ 262.50	\$	50.81
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPAR	ATE INFORMATION IT	ΈM	ONLY;						

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,249
MOPO 4 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

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					MO1	NTHLY AVERA	GE
20,141 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16,045	446,991 \$	12,118,584.92	\$ 27.11	22.193	755.29	\$ 601.69
@PHYSICIANS SERVICES	3,092	8,848 \$	371,167.37	\$ 41.95	.439	120.04	\$ 18.43
OUTPATIENT VISITS	1,332	1,907	68,346.81	35.84	.095	51.31	3.39
OFFICE VISITS	1,229	1,731	60,042.47	34.69	.086	48.85	2.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	114	6,285.08	55.13	.006	68.32	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	27	936.84	34.70	.001	156.14	.05
OTHER OUTPATIENT	32	35	1,082.42	30.93	.002	33.83	.05
INPATIENT VISITS	133	519	28,335.39	54.60	.026	213.05	1.41
HOSPITAL VISITS	126	422	18,898.75	44.78	.021	149.99	.94
CRITICAL CARE	19	89	9,064.94	101.85	.004	477.10	.45
SNF/ICF/TRANS IP CARE	5	8	371.70	46.46	.000	74.34	.02
OPHTHALMOLOGICAL SERVICES	126	151	6,286.40	41.63	.007	49.89	.31
EXAMINATIONS	126	151	6,286.40	41.63	.007	49.89	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	113	443	58,109.72	131.17	.022	514.25	2.89
PRINCIPAL SURGEON	98	151	51,152.73	338.76	.007	521.97	2.54

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

A COT CHANGE CUD CHON	7		1 407 00	012 00	0.00	212 00	0.7
ASSISTANT SURGEON		7	1,497.29	213.90	.000	213.90	.07
ANESTHESIOLOGIST	17	285	5,459.70	19.16	.014	321.16	.27
OUTPATIENT SURGERY	362	712	90,413.33	126.99	.035	249.76	4.49
PRINCIPAL SURGEON	349	498	86,498.92	173.69	.025	247.85	4.29
ASSISTANT SURGEON	1	1	133.78	133.78	.000	133.78	.01
ANESTHESIOLOGIST	22	213	3,780.63	17.75	.011	171.85	.19
DIALYSIS	12	33	2,841.08	86.09	.002	236.76	.14
PATHOLOGY	387	864	13,082.87	15.14	.043	33.81	.65
RADIOLOGY	635	1,018	33,159.35	32.57	.051	52.22	1.65
	0	0					
PSYCHIATRY			.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	101	9,887.93	97.90	.005	193.88	.49
OTHER SERVICES/ALL X-OVERS	1,228	3,100	60,704.49	19.58	.154	49.43	3.01
@PHARMACY	13,543	194,278 \$	6,350,915.04	\$ 32.69	9.646	\$ 468.94	
PRESCRIPTION DRUGS	13,416	57,475	6,220,396.98	108.23	2.854	463.66	308.84
SNF/ICF	70	696	46,657.68	67.04	.035	666.54	2.32
OUTPATIENTS	13,356	56,779	6,173,739.30	108.73	2.819	462.24	306.53
MEDICAL SUPPLIES	1,090	136,803	130,518.06	.95	6.792	119.74	6.48
	337						
@DENTIST		1,558 \$	87,073.97	•	.077		
VISITS - DIAGNOSTIC	220	643	8,983.70	13.97	.032	40.84	.45
ORAL SURGERY	76	596	34,367.00	57.66	.030	452.20	1.71
DRUGS	4	4	25.00	6.25	.000	6.25	.00
ANESTHESIA	33	33	3,300.00	100.00	.002	100.00	.16
PERIODONTICS	12	13	958.00	73.69	.001	79.83	.05
ENDODONTICS	7	9	1,870.00	207.78	.000	267.14	.09
RESTORATIVE DENTISTRY	81	143	9,123.00	63.80	.007	112.63	.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	55	106	28,447.27				
DENTURES, STAYPLATES				268.37	.005	517.22	1.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
OKTHODONIIC SEKVICES	0	O	.00				
		11	.00	.00	.001	.00	
ALL OTHER SERVICES	12	11	.00	.00	.001	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	12 MEDI-CAL SERVI	11 CES AND EXPENDITURES M	.00	.00	.001	.00	.00 PAGE 2,250
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	12 MEDI-CAL SERVIC FEE-FOR-SERVIC	11 CES AND EXPENDITURES M E/DENTAL	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.001 2003 THRU I	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	12 MEDI-CAL SERVIC FEE-FOR-SERVIC	11 CES AND EXPENDITURES M	.00 NTH-OF-PAYMENT RI	.00	.001 2003 THRU I	.00 DEC 2003	.00 PAGE 2,250 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT	.00 ONTH-OF-PAYMENT RI - DISABLED	.00 EPORT FOR JAN AID CODE	.001 2003 THRU I	.00 DEC 2003 ONTHLY AVERA	.00 PAGE 2,250 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	12 MEDI-CAL SERVIC FEE-FOR-SERVIC	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID CODE AVERAGE COST	.001 2003 THRU I 60 MC UNITS/DAYS	.00 DEC 2003 DNTHLY AVERA S COST PER	.00 PAGE 2,250 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVICE	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG	.00 DEC 2003 DNTHLY AVERA S COST PER USER	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC USERS	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVICE	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG	.00 DEC 2003 DNTHLY AVERA S COST PER USER	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC USERS	11 CES AND EXPENDITURES M E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE	T1 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .002	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129 3	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .002	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129 3 14	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .001	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001	.00 DEC 2003 DEC 2003 DITHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .001 .001	.00 DEC 2003 DEC 2003 DITHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 8	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .008 .000 .001 .008	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .001 .008 .000 .001 .008 .000 .001 .008 .000 .001 .008	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$.00	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .001 .008 .000 .001 .008 .032 .041 .001 .000 .000	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$.00 \$.00	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8 0 0 3,637	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$ 18,340 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00 .00 3,140,373.76	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00 \$ 171.23	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .008 .032 .041 .000 .000 .000 .000 .000 .000 .000	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 900 \$ 863.45	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8 0 0 3,637 335	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$ 18,340 \$ 1,510	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00 3,140,373.76 2,608,431.52	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00 \$ 171.23 1727.44	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .001 .008 .000 .001 .008 .032 .041 .001 .000 .000	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$ 000 \$ 863.45 7786.36	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00 \$.55.92 129.51
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8 0 0 3,637	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$ 18,340 \$.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00 .00 3,140,373.76	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00 \$ 171.23	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .008 .032 .041 .000 .000 .000 .000 .000 .000 .000	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 900 \$ 863.45	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8 0 0 3,637 335	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$ 18,340 \$ 1,510	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00 3,140,373.76 2,608,431.52	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00 \$ 171.23 1727.44	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .008 .032 .041 .000 .000 .001 .000 .000 .911 .075	.00 DEC 2003 DNTHLY AVERA S COST PER USER \$ 60.35 45.00 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$ 000 \$ 863.45 7786.36	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00 \$.155.92 129.51
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 20,141 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	12 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 652 356 511 22 202 180 22 211 129 3 14 84 110 148 84 110 148 8 0 0 3,637 335 20	11 CES AND EXPENDITURES ME/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 1,730 \$ 366 1,344 20 425 \$ 393 32 341 \$ 157 4 24 156 650 \$ 825 \$ 14 \$ 0 \$ 0 \$ 18,340 \$ 1,510 131	.00 ONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 39,348.26 16,019.40 22,348.60 980.26 6,897.05 6,445.56 451.49 8,806.70 4,101.85 616.16 416.92 3,671.77 41,382.53 14,051.36 2,588.00 .00 3,140,373.76 2,608,431.52 185,607.01	.00 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 22.74 43.77 16.63 49.01 \$ 16.23 16.40 14.11 \$ 25.83 26.13 154.04 17.37 23.54 \$ 63.67 \$ 17.03 \$ 184.86 \$.00 \$.00 \$.00 \$ 171.23 1727.44 1416.85	.001 2003 THRU I 60 MC UNITS/DAYS PER ELIG .086 .018 .067 .001 .021 .020 .002 .017 .008 .000 .001 .008 .032 .041 .001 .000 .000 .911 .075	.00 DEC 2003 Section 43.74 44.56 \$ 34.14 35.81 20.52 \$ 41.74 31.80 205.39 29.78 43.71 \$ 376.20 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50 \$ 94.94 \$ 323.50	.00 PAGE 2,250 01/29/04 GE COST PER ELIGIBLE \$ 1.95 .80 1.11 .05 \$.34 .32 .02 \$.44 .20 .03 .02 .18 \$ 2.05 \$.70 \$.13 \$.00 \$.00 \$ 155.92 129.51 9.22

ADMINISTRATIVE DAYS	18	78	18,041.40	231.30	.004	1002.30	.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	955	755,848.36	791.46	.047	3723.39	37.53
ANCILLARIES	214	0	1,566,191.42	.00	.000	7318.65	77.76
INPATIENT CROSSOVERS	104	346	82,743.33	239.14	.017	795.61	4.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,504	16,830	531,942.24	31.61	.836	151.81	26.41
MEDICAL	1,139	1,958	119,128.16	60.84	.097	104.59	5.91
SURGERY	275	363	20,022.27	55.16	.018	72.81	.99
PATHOLOGY	1,235	5,799	69,510.43	11.99	.288	56.28	3.45
RADIOLOGY	1,345	2,086	148,475.97	71.18	.104	110.39	7.37
ROOM USE	1,268	1,973	80,452.35	40.78	.098	63.45	3.99
CROSSOVERS/ALL OTH OUTPTNT	1,784	4,651	94,353.06	20.29	.231	52.89	4.68
@COUNTY HOSPITAL TOTAL	11	67	\$ 9,300.18	\$ 138.81	.003	\$ 845.47	\$.46
CO HOSPITAL INPATIENT TOTAL	3	7	7,570.01	1081.43	.000	2523.34	.38
HSC HOSPITALS	3	7	7,570.01	1081.43	.000	2523.34	.38

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	60		1,730.17	28.84	.003	192.24		.09
MEDICAL	2	3		1,730.17	42.98	.003	64.48		.01
SURGERY	1	1		5.81	5.81	.000	5.81		.00
PATHOLOGY	2	23		322.53	14.02	.001	107.51		.02
RADIOLOGY	3 1	3		382.52	127.51	.000	382.52		.02
ROOM USE	± 5	8		282.12	35.27	.000	56.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	22		608.24	27.65	.001	101.37		.03
#CALIF DEPT OF HEALTH SERV			ES N					D	AGE 2,251
MOP024	FEE-FOR-SERVICE		по г	IOIVIII OI IIIIIIIIVI ICI	DIORI TOR OTHE	2005 11110	DEC 2005	_	01/29/04
DEL NORTE COUNTY		ICES FOR CASH GR	ΔΝΤ	- DISABLED	AID CODE	60			01/25/01
DEE NORTH COOMIT	Sommer of Shirt	TODO TOR CRISTI GRA		515115115	THE CODE		ONTHLY AVERA	GE	
20,141 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
,		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,632	18,273	\$	3,131,073.58	\$ 171.35		\$ 862.08		
COMM HOSP INPATIENT TOTAL	333	1,503	•	2,600,861.51	1730.45	.075	7810.39	•	129.13
HSC HOSDITALS	17	124		178,037.00	1435.78	.006	10472.76		8.84
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	214	1,033		2,340,081.18	2265.33	.051	10934.96		116.18
ACCOMMODATIONS	213	1,033		773,889.76	749.17	.051	3633.29		38.42
ADMINISTRATIVE DAYS	18	78		18,041.40	231.30	.004	1002.30		.90
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	203	955		755,848.36	791.46	.047	3723.39		37.53
ANCILLARIES	214	0		1,566,191.42	.00	.000	7318.65		77.76
INPATIENT CROSSOVERS	104	346		82,743.33	239.14	.017	795.61		4.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,499	0 16,770		530,212.07	31.62	.833	151.53		26.33
MEDICAL	1,137	1,955		118,999.21	60.87	.097	104.66		5.91
SURGERY	275	362		20,016.46	55.29	.018	72.79		.99
PATHOLOGY	1,233	5,776 2,083 1,965		69,187.90	11.98	.287	56.11		3.44
RADIOLOGY	1,345	2,083		148,093.45	71.10	.103	110.11		7.35
ROOM USE	1,265	1,965		80,170.23	40.80	.098	63.38		3.98
CROSSOVERS/ALL OTH OUTPTNT	1,780	4,629		93,744.82	20.25	.230	52.67		4.65
@STATE HOSPITAL	7	285	\$		\$ 488.73		\$ 19898.35	\$	6.92
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	7	285		139,288.43	488.73	.014	19898.35		6.92
CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-PEHAR MD	39	1,205	\$		\$ 134.23		\$ 4147.39	\$	8.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
HEV D KEHAD ND		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0 1 0 38	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553.15	.002	22126.00		1.10
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	38	1,165	4.	139,622.17	119.85	.058	3674.27	4.	6.93
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	1 547	4	.00	.00	.000	.00	4	.00
@HEMODIALYSIS TOTAL	54	1,547	\$	63,389.02	\$ 40.98	.077	\$ 1173.87	\$	3.15
HOSPITAL BASED	0	1 547		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	54 32	1,547	بع	63,389.02 5,124.39	40.98	.077	1173.87	۲.	3.15 .25
@REHABILITATION FACILITY HOSPITAL BASED	32	202 202	\$	5,124.39	\$ 25.37 25.37	.010 .010	\$ 160.14 160.14	\$. 25
INDEPENDENT FACILITY	0	202		5,124.39	.00	.000	.00		.00
@LABORATORY FACILITY	1,449	5,309	\$	72,758.98	\$ 13.70	.264		Ġ	3.61
@TWDOWLOWI LWCITIII	1,772	5,509	Y	12,130.90	γ ±3.70	.204	γ JU.ΔΙ	ų	J.U⊥

PATHOLOGY	1,444	5,292	72,620.01	13.72	.263	50.29		3.61
XO AND OTHERS	5	17	138.97	8.17	.001	27.79		.01
@ORGANIZED OUTPATIENT CLINIC	6,674	11,290 \$	1,051,535.96	\$ 93.14	.561 \$		Ċ	52.21
CLINIC CLINIC	15	41	1,549.20	37.79	.002	103.28	Ÿ	.08
SURGICENTER	0	0	85.00CR		.002	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	6,666	11,249	1,050,071.76	93.35	.559	157.53		52.14
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I					D 7	GE 2,252
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT RE	SPORT FOR UAIN 2	MOS IRKO DEC	2003	PA	01/29/04
DEL NORTE COUNTY		ICES FOR CASH GRANT	DICADIED	AID CODE	60			01/29/04
DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE	MONT	רטדע אזידים א	CF _	
20,141 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
ZU, ITI EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	_	LIGIBLE
@ALL OTHER PROVIDERS	2,472	200,144 \$	562,135.93	\$ 2.81	9.937 \$			27.91
DIDADI MED FOIID	2,472	527	109,584.52	207.94	.026	516.91	Ą	5.44
DURABLE MED. EQUIP.	212	0	.00	.00	.000	.00		.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	7	11	1,717.74	156.16	.001	245.39		.09
MEDICAL EDANGDODEATION	/ E 2 1	101,862	256,874.44	2.52	5.057	483.76		12.75
MEDICAL TRANSPORTATION	231 421	8,430	95,276.83	11.30	.419	221.06		4.73
OTHER TRANS	431	93,192	138,977.92	1.49	4.627	1715.78		6.90
OTHER TRANS	81 42	240	•	94.25				1.12
OTHER SERVICES	42	240	22,619.69		.012	538.56 43.25		.00
ACUPUNCTURE			43.25	21.63	.000			
ADULT DAY HEALTH CARE CTR		251 7	17,386.21	69.27	.012	1448.85		.86
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST DOPTIBLE Y-DAY	6		735.00	105.00	.000	105.00		.04
IHMC, MODEL-NF, NF, AIDS, MSSP	6	31	5,123.97	165.29	.002	854.00		. 25
OCCUPATIONAL THERAPIST	2	16	304.48	19.03	.001	152.24		.02
OPTICIAN	567	1,283	15,835.41	12.34	.064	27.93		.79
PHYSICAL THERAPIST	198	1,677	26,115.01	15.57	.083	131.89		1.30
		0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	41	136	16,984.42	124.89	.007	414.25		.84
PROSTHETICS	41	136	16,984.42	124.89	.007	414.25		.84
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	26	44	4,943.80	112.36	.002	190.15		. 25
HOSPICE SERVICES	0	()	310.78	.00	.000	.00		.02
NONINST BIRTHING CENTERS	0	0 6,211	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	269	6,211	48,904.76	7.87	.308	181.80		2.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	794	88,086	57,272.14	.65	4.373	72.13		2.84
@CALIF. CHILDREN SERVICES*		4,807 \$	156,948.80	•	.239 \$	1652.09		7.79
@XOVER EXCLUDING STATE HOSP**		18,035 \$	212,477.78	\$ 11.78	.895 \$	108.02	\$	10.55
@* TOTALS IN THESE LINES ARE								
THE AMOUNTS ARE ALREADY IN		_						
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003		GE 2,253
MOP024	FEE-FOR-SERVICE	!/DENTAL						01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

DEE NORTE COUNTY	DOINIME OF DEEL	VICED FOR COL 30	55 5	J 10 12 JII JII J	310 30 311 10 10				
						MON	THLY AVERA	GE	-
26,874 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@TOTAL, ALL PROVIDERS	12,706	75,580	\$	3,961,987.20	\$ 52.42	2.812 \$	311.82	\$ 147.4	3
@PHYSICIANS SERVICES	1,597	3,579	\$	173,814.36	\$ 48.57	.133 \$	108.84	\$ 6.4	7
OUTPATIENT VISITS	769	1,007		35,724.74	35.48	.037	46.46	1.3	3
OFFICE VISITS	669	874		29,471.70	33.72	.033	44.05	1.1	0
HOME VISITS	1	1		27.49	27.49	.000	27.49	.0	0
EMERGENCY ROOM	80	91		4,585.29	50.39	.003	57.32	.1	7
PREVENTIVE CARE	1	1		54.83	54.83	.000	54.83	.0	0
OB VISITS/COMPRE PERI	9	12		444.35	37.03	.000	49.37	.0	2

OTHER OUTPATIENT	25	28	1,141.08	40.75	.001	45.64	.04
INPATIENT VISITS	89	300	18,158.58	60.53	.011	204.03	.68
HOSPITAL VISITS	83	258	13,117.35	50.84	.010	158.04	. 49
CRITICAL CARE	11	41	5,006.05	122.10	.002	455.10	.19
SNF/ICF/TRANS IP CARE	11 1 30	1	35.18	35.18	.000	35.18	.00
OPHTHALMOLOGICAL SERVICES	30	33	1,409.41	42.71	.001	46.98	.05
EXAMINATIONS	30	33	1,409.41	42.71	.001	46.98	.05
SERVICES AND MATERIALS	30 0 68	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	249	33,654.57	135.16	.009	494.92	1.25
DETMOTENT CHECKOM	E 2	64	28,521.51	445.65	.002	538.14	1.06
ASSISTANT SURGEON	6	6	1,048.99	174.83	.000	174.83	.04
ANESTHESIOLOGIST	15	179	4,084.07	22.82	.007	272.27	.15
OUTPATIENT SURGERY	246	449	44,304.50	98.67	.017	180.10	1.65
PRINCIPAL SURGEON	236	332	41,848.81	126.05	.012	177.33	1.56
ASSISTANT SURGEON	230	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1 5	117	2,455.69	20.99	.004	163.71	.09
DIALYSIS	15	0	.00	.00	.000	.00	.00
PATHOLOGY	15 246 236 0 15 0 140 472	216	4,778.90	22.12	.008	34.14	.18
RADIOLOGY	140	662	16,478.15	24.89	.025	34.14	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	26	49	1,930.01	.00 39.39	.000	74.23	.00
IMMUNIZATION AND INJECTION	26 345 6,660 6,631		1,930.01				.65
OTHER SERVICES/ALL X-OVERS	345	614 25,023 \$		28.30 \$ 34.71	.023	50.36	
@PHARMACY	6,660	-,	868,456.87	5 34.71 53.02	.931 \$	130.40 128.88	\$ 32.32 31.80
PRESCRIPTION DRUGS	0,031	16,117	854,591.13		.600	203.00	
SNF/ICF	C (20	2	203.00	101.50	.000		.01
OUTPATIENTS	6,630	16,115	854,388.13	53.02	.600	128.87	31.79
MEDICAL SUPPLIES	122	8,906	13,865.74	1.56	.331	113.65	.52
@DENTIST	364	2,392 \$	82,737.91	\$ 34.59	.089 \$		
VISITS - DIAGNOSTIC	302	1,314	20,408.75	15.53	.049	67.58	.76
ORAL SURGERY	79	376	23,456.00	62.38	.014	296.91	.87
DRUGS	2	3	55.00	18.33	.000	27.50	.00
ANESTHESIA	22	23 0 80	2,200.00	95.65	.001	100.00	.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	35	80	5,655.00	70.69	.003	161.57	.21
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	145	556	27,046.00	48.64	.021	186.52	1.01
INODINETICS	· ·	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	21	3,517.16	167.48	.001	390.80	.13
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	150.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	5	175.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	10	10	75.00	7.50	.000	7.50	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,254
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-33	35 40 42 3A-3M 3P	3R 3U 3W 4C-4G			
					MON		
26,874 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	445	1,200 \$	28,450.11	\$ 23.71	.045 \$		
DIAGNOSTIC AND ANC. PROCED	332	333	15,569.45	46.76	.012	46.90	.58
EYE APPLIANCES	319	866	12,868.66	14.86	.032	40.34	.48
OFFICE OPPONED TO CERTIFICE	1	1	10 00	10 00	000	10 00	0.0

OTHER OPTOMETRIC SERVICES 1 12.00 12.00 .000 12.00 .00 1 @CHIROPRACTOR 131 244 4,046.24 16.58 .009 \$ 30.89 \$.15 16.58 30.89 VISITS 131 244 4,046.24 .009 .15 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 59 81 3,104.95 38.33 .003 \$ 52.63 \$.12 @PODIATRIST 35.22 MEDICINE/INJECTIONS 53 60 1,866.75 31.11 .002 .07 3 7 SURGERY/ANES. 4 400.97 100.24 .000 133.66 .01 22.49 RADIO./PATHOLOGY 9 157.42 17.49 .000 .01 OTHER 4 8 679.81 84.98 .000 169.95 .03

WHOME HEADIN AGENCI	13	0,7	Ÿ	0,3/4.3/	Y	71.02	.005	Å 470.34		. 2 4
NURSE ANESTHESIST	175	842	\$	16,061.50	\$	19.08	.031	\$ 91.78		.60
NURSE MIDWIFE	72	145	\$	25,009.74	\$	172.48	.005	\$ 347.36	\$.93
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000			.00
FAMILY NURSE PRACTITIONER	Ō	0	Ċ	0.0	\$.00	.000			.00
	0 075	15 404	ų.	.00 1,410,827.10 944,496.40	d					
@TOTAL HOSPITAL	2,875	15,424	\$	1,410,827.10		91.47		\$ 490.72	Ş	52.50
HOSP INPATIENT TOTAL	151	638				1480.40	.024	6254.94		35.15
HSC HOSPITALS	9	112		180,439.02		1611.06	.004	20048.78		6.71
NON-HSC HOSPITAL TOTAL	142	526		764,057.38		1452.58	.020	5380.69		28.43
ACCOMMODATIONS	142	526		339,623.10		645.67	.020	2391.71		12.64
ADMINISTRATIVE DAYS	4	11		2,544.30		231.30	.000	636.08		.09
	0	0								
TRANSITIONAL IP CARE				.00		.00	.000	.00		.00
ALL OTHER ACCOM	141 142	515		337,078.80		654.52	.019	2390.63		12.54
ANCILLARIES	142	0		424,434.28		.00	.000	2988.97		15.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,806	14.786		466,330.70		31.54	.550	166.19		17.35
MEDICAL	1,413	0 14,786 1,847		104,296.72		56.47	.069	73.81		3.88
SURGERY	333	427		24,454.07		57.27	.016	73.44		.91
PATHOLOGY	984	3,799		48,047.60		12.65	.141	48.83		1.79
RADIOLOGY	1,024	1,371		77,538.85		56.56	.051	75.72		2.89
ROOM USE	1,847	2,656		101,133.99		38.08	.099	54.76		3.76
CROSSOVERS/ALL OTH OUTPTNT	1,438	4,686		110,859.47		23.66	.174	77.09		4.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000	.00	•	.00
HSC HOSPITALS	0	0		0.0		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000	.00		.00
	0	0		.00						
ACCOMMODATIONS	Ü	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	Ü	0 0 0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	Ô	Ö		0.0		.00	.000	.00		.00
MEDICAL	0	0		0.0		.00	.000	.00		.00
	0	0		.00						
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	Ü	Ü		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RI	EPOR:	r for Jan :	2003 THRU I	DEC 2003	Ρ	AGE 2,255
	FEE-FOR-SERVICE									01/29/04
			. 22 2	35 40 42 3A-3M 3P	3 R 3 I	T 3W 4C-4G				01/25/01
DEE NORTH COONTI	Borning Of Blice	Telb for edf 50	55 5	75 10 12 511 511 51	510 50	3 3W 1C 1G		ONTHLY AVERA	CF	
26,874 ELIGIBLES	USERS	INITE OF CERVICE	,	EXPENDITURES	7, 7, 7, 7	PDACE COCT				COST PER
20,0/4 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES						
	0 055	OR DAYS OF CARE		1 410 000 10			PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,875	15,424	\$	1,410,827.10	Ş	91.47		\$ 490.72	Ş	
COMM HOSP INPATIENT TOTAL	151	638		944,496.40		1480.40 1611.06	.024	6254.94		35.15
HSC HOSPITALS	9	112		180,439.02		1611.06	.004	20048.78		6.71
NON-HSC HOSPITALS TOTAL	142	526		764,057.38		1452.58	.020	5380.69		28.43
ACCOMMODATIONS	142	526		339,623.10		645.67	.020	2391.71		12.64
ADMINISTRATIVE DAYS	4	11		2,544.30		231.30	.000	636.08		.09
	0	0		•				.00		.00
TRANSITIONAL IP CARE				.00		.00	.000			
ALL OTHER ACCOM	141	515		337,078.80		654.52	.019	2390.63		12.54
ANCILLARIES	142	0		424,434.28		.00	.000	2988.97		15.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,806	14,786		466,330.70		31.54	.550	166.19		17.35
MEDICAL	1,413	1,847		104,296.72		56.47	.069	73.81		3.88
•	-,	-,		,						

89 \$ 6,374.37 \$ 71.62 .003 \$ 490.34 \$.24

@HOME HEALTH AGENCY

13

SURGERY	333	427	24,454.07	57.27	.016	73.44	.91
PATHOLOGY	984	3,799	48,047.60	12.65	.141	48.83	1.79
RADIOLOGY	1,024	1,371	77,538.85	56.56	.051	75.72	2.89
ROOM USE	1,847	2,656	101,133.99	38.08	.099	54.76	3.76
CROSSOVERS/ALL OTH OUTPINT	1,438	4,686	110,859.47	23.66	.174	77.09	4.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	27	217	\$	5,627.08	\$	25.93	.008	\$	208.41	\$.21
HOSPITAL BASED	27	217		5,627.08		25.93	.008		208.41		.21
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	852	2,596	\$	41,297.31	\$	15.91	.097	\$	48.47	\$	1.54
PATHOLOGY	852	2,596		41,297.31		15.91	.097		48.47		1.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,980	10,238	\$	1,172,138.41	\$	114.49	.381	\$	167.93	\$	43.62
CLINIC	22	106		4,387.94		41.40	.004		199.45		.16
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,968	10,132		1,167,750.47		115.25	.377		167.59		43.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDIT	URES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,256
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G	+				

----- MONTHLY AVERAGE -----26.874 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER FLIGIBLE @ALL OTHER PROVIDERS 1,221 13,510 \$ 124,041.25 \$ 9.18 .503 \$ 101.59 \$ 4.62 53
0
0
0
0
173
2,472
170
2,461
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0
12
11
1
1
1
0
0
34
34
0
0
6
58
294
641
68
430
0
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15
24
15
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41
93
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432
\$
GIVEN AS A SEPARATE INFORMATION ITEM 53 0 0 96 0 DURABLE MED. EQUIP. .34 BLOOD BANK .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 1.67 AMBULANCES/AIR TRANS OTHER TRANS .00 OTHER SERVICES .50 ACUPUNCTURE .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .13 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .03 OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .13 PROSTHETICS .13 ORTHOTICS .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .16 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS .20 @CALIF. CHILDREN SERVICES* 7.79 @XOVER EXCLUDING STATE HOSP** .00

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,257 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

49,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,663	562,124	\$	16,803,741.51	\$ 29.	89	11.351 \$	548.01	\$	339.32
@PHYSICIANS SERVICES	5.020		\$	566,984.05	\$ 42.	80	.268 \$	112.95		11.45
OUTPATIENT VISITS	2.134	2,957	•	105,798.88	35.		.060	49.58		2.14
OFFICE VISITS	2,134 1,928 1 176	2,642		90,862.92	34.		.053	47.13		1.83
HOME VISITS	1,520	1		27.49	27.		.000	27.49		.00
EMERGENCY ROOM	176	211		11,248.95	53.		.004	63.91		.23
DDEVENUETUE CADE	1 / 0	1								.00
PREVENTIVE CARE	15			54.83	54.		.000	54.83		
OB VISITS/COMPRE PERI		39		1,381.19	35.		.001	92.08		.03
OTHER OUTPATIENT	57	63		2,223.50	35.		.001	39.01		.04
INPATIENT VISITS	222	819		46,493.97	56.	77	.017	209.43		.94
HOSPITAL VISITS	209	680		32,016.10	47.		.014	153.19		.65
CRITICAL CARE	30	130		14,070.99	108.	24	.003	469.03		.28
SNF/ICF/TRANS IP CARE	6	9		406.88	45.	21	.000	67.81		.01
OPHTHALMOLOGICAL SERVICES	161	189		7,945.14	42.	04	.004	49.35		.16
EXAMINATIONS	161	189		7,945.14	42.	04	.004	49.35		.16
SERVICES AND MATERIALS	0	0		.00		00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	181	692		91,764.29	132.		.014	506.99		1.85
DD THISTDAY SHIP STORE	1 - 1	215		79,674.24	370.		.004	527.64		1.61
ASSISTANT SURGEON	13	13		2,546.28	195.	87	.000	195.87		.05
ANESTHESIOLOGIST	3.2	464		9,543.77	20.		.009	298.24		.19
OUTPATIENT SURGERY	611	1,164		135,058.48	116.		.024	221.04		2.73
DDINGIDAL CUDGEON	E00	833		128,688.38	154.		.017	218.86		2.60
PRINCIPAL SURGEON	300			120,000.30				133.78		
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	7 T	1		133.78	133.		.000			.00
ANESTHESIOLOGIST	37	330		6,236.32	18.		.007	168.55		.13
DIALYSIS	12	33		2,841.08	86.		.001	236.76		.06
PATHOLOGY	529	1,082		17,952.42	16.		.022	33.94		.36
RADIOLOGY	1,121	1,696		50,069.18	29.		.034	44.66		1.01
		0		.00		00	.000	.00		.00
IMMUNIZATION AND INJECTION	81	174		17,453.50	100.		.004	215.48		.35
OTHER SERVICES/ALL X-OVERS	1,867	4,442		91,607.11	20.	62	.090	49.07		1.85
@PHARMACY		247,378	\$	7,694,121.72	\$ 31.	10	4.995 \$	352.05	\$	155.37
PRESCRIPTION DRUGS	21,855 21,667 85 21,593 1,411 742 546 164 7 56 12	79,580		7,527,682.06	94.	59	1.607	347.43		152.01
SNF/ICF	85	802		52,851.61	65.		.016	621.78		1.07
OUTPATIENTS	21,593	78,778		7,474,830.45	94.		1.591	346.17		150.94
MEDICAL SUPPLIES	1.411	167,798		166,439.66		99	3.388	117.96		3.36
@DENTIST	742		\$	176,935.88	\$ 43.		.082 \$		Ś	3.57
VISITS - DIAGNOSTIC	546	2,016	Υ	30,345.45	15.		.041	55.58	~	.61
ORAL SURGERY	164	1,007		59,709.00	59.		.020	364.08		1.21
DRUGS	7	10		125.00	12.		.000	17.86		.00
ANESTHESIA	56	57		5,600.00	98.		.001	100.00		.11
PERIODONTICS	12	13		958.00	73.		.000	79.83		.02
FINDODOMITAG	44	91		7,525.00	82.		.002	171.02		.15
ENDODONTICS	228	703		36,224.00	51.		.014			.73
RESTORATIVE DENTISTRY								158.88		
PROSTHETICS	1	1		30.00	30.		.000	30.00		.00
DENTURES, STAYPLATES	76	144		36,019.43	250.		.003	473.94		.73
SPACE MAINTAINERS	1	1		.00		00	.000	.00		.00
MAXILLOFACIAL SERVICES	3	3		150.00	50.		.000	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		00	.000	.00		.00
ORTHODONTIC SERVICES	5	5		175.00	35.		.000	35.00		.00
ALL OTHER SERVICES	25	24		75.00	3.		.000	3.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	SI	MONTH-OF-PAYMENT RI	EPORT FOR	JAN	2003 THRU DE	C 2003	F	PAGE 2,258
MOP024	FEE-FOR-SERVICE	DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT	- TOTAL						
							MON	THLY AVERA	GE.	
49,522 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,150		\$	70,730.28	\$ 23.		.062 \$		\$	1.43
DIAGNOSTIC AND ANC. PROCED	701	711		32,133.39	45.		.014	45.84		.65
,	. 3=	·		,	10.	-				

EYE APPLIANCES	869	2,318	37,358.53	16.12	.047	42.99	.75
OTHER OPTOMETRIC SERVICES	30	25	1,238.36	49.53	.001	41.28	.03
@CHIROPRACTOR	337	678 \$	11,016.46	\$ 16.25	.014 \$		
VISITS	312	638	10,508.52	16.47	.013	33.68	.21
OTHER SERVICES	25	40	507.94	12.70	.001	20.32	.01
	326	506 \$	12,983.71	\$ 25.66	.010 \$		
@PODIATRIST		•		•			•
MEDICINE/INJECTIONS	184	219	6,065.31	27.70	.004	32.96	.12
SURGERY/ANES.	6	8	1,017.13	127.14	.000	169.52	.02
RADIO./PATHOLOGY	21	33	574.34	17.40	.001	27.35	.01
OTHER	142	246	5,326.93	21.65	.005	37.51	.11
@HOME HEALTH AGENCY	124	740 \$	47,794.33	\$ 64.59	.015 \$	385.44	\$.97
NURSE ANESTHESIST	325	1,675 \$	30,288.52	\$ 18.08	.034 \$		\$.61
NURSE MIDWIFE	80	159 \$	27,597.74	\$ 173.57	.003 \$		\$.56
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	6,766	34,834 \$	4,621,228.56	\$ 132.66	.703 \$		
		- , 1			·		
HOSP INPATIENT TOTAL	525	2,263	3,604,649.07	1592.86	.046	6866.00	72.79
HSC HOSPITALS	31	251	379,552.03	1512.16	.005	12243.61	7.66
NON-HSC HOSPITAL TOTAL	358	1,569	3,113,708.56	1984.52	.032	8697.51	62.88
ACCOMMODATIONS	357	1,569	1,123,082.86	715.80	.032	3145.89	22.68
ADMINISTRATIVE DAYS	22	89	20,585.70	231.30	.002	935.71	.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	346	1,480	1,102,497.16	744.93	.030	3186.41	22.26
ANCILLARIES	358	0	1,990,625.70	.00	.000	5560.41	40.20
INPATIENT CROSSOVERS	139	443	111,388.48	251.44	.009	801.36	2.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,557	32,571	1,016,579.49	31.21	.658	155.04	20.53
MEDICAL	2,572	3,853	225,726.06	58.58	.078	87.76	4.56
SURGERY	616	801	45,171.28	56.39	.016	73.33	.91
PATHOLOGY	2,239	9,756	119,669.30	12.27	.197	53.45	2.42
RADIOLOGY	2,391	3,487	227,593.66	65.27	.070	95.19	4.60
ROOM USE	3,143	4,677	183,252.94	39.18	.094	58.31	3.70
CROSSOVERS/ALL OTH OUTPTNT		9,997	215,166.25	21.52	.202	62.42	4.34
@COUNTY HOSPITAL TOTAL	12	70 \$	13,356.18	\$ 190.80		1113.02	
		10		1162.60	·	2906.50	·
CO HOSPITAL INPATIENT TOTAL			11,626.01		.000		. 23
HSC HOSPITALS	4	10	11,626.01	1162.60	.000	2906.50	. 23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	60	1,730.17	28.84	.001	192.24	.03
MEDICAL	2	3	128.95	42.98	.000	64.48	.00
SURGERY	Ţ.	1	5.81	5.81	.000	5.81	.00
PATHOLOGY	3	23	322.53	14.02	.000	107.51	.01
RADIOLOGY	1	3	382.52	127.51	.000	382.52	.01
ROOM USE	5	8	282.12	35.27	.000	56.42	.01
CROSSOVERS/ALL OTH OUTPINT	6	22	608.24	27.65	.000	101.37	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M					PAGE 2,259
MOP024	FEE-FOR-SERVICE				.000 111110 22	0 2000	01/29/04
DEL NORTE COUNTY		ICES FOR CASH GRANT	— T∩TAI.				01/27/01
DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANT	- IOIAL		MON	ת משונה אוויים	CE
40 500 51 53 57		IDITED OF CERTIFICE		ATTENACE COC-	MON		
49,522 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,761	34,764 \$	4,607,872.38	\$ 132.55	.702 \$		·
COMM HOSP INPATIENT TOTAL	522	2,253	3,593,023.06	1594.77	.045	6883.19	72.55
HSC HOSPITALS	27	241	367,926.02	1526.66	.005	13626.89	7.43

NON-HSC HOSPITALS TOTAL	358	1,569		3,113,708.56		1984.52	.032		8697.51		62.88
ACCOMMODATIONS	357	1,569		1,123,082.86		715.80	.032		3145.89		22.68
ADMINISTRATIVE DAYS	22	89		20,585.70		231.30	.002		935.71		.42
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	346	1,480		1,102,497.16		744.93	.030		3186.41		22.26
ANCILLARIES	358	0		1,990,625.70		.00	.000		5560.41		40.20
INPATIENT CROSSOVERS	139	443		111,388.48		251.44	.009		801.36		2.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,552	32,511		1,014,849.32		31.22	.656		154.89		20.49
MEDICAL	2,570	3,850		225,597.11		58.60	.078		87.78		4.56
SURGERY	616	800		45,165.47		56.46	.016		73.32		.91
PATHOLOGY	2,237	9,733		119,346.77		12.26	.197		53.35		2.41
RADIOLOGY	2,391	3,484		227,211.14		65.22	.070		95.03		4.59
ROOM USE	3,140	4,669		182,970.82		39.19	.094		58.27		3.69
CROSSOVERS/ALL OTH OUTPTNT	3,443	9,975		214,558.01		21.51	.201		62.32		4.33
@STATE HOSPITAL	7	285	\$	139,288.43	\$	488.73	.006	\$	19898.35	\$	2.81
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7	285		139,288.43		488.73	.006		19898.35		2.81
@NURSING FACILITY	58	1,701	\$	233,064.66	\$	137.02	.034	\$	4018.36	\$	4.71
LEV A-INTERMEDIATE	0	. 0	·	.00	•	.00	.000	·	.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00		553.15	.001		22126.00		.45
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	57	1,661		210,938.66		126.99	.034		3700.68		4.26
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	55	1,549	\$	64,168.59	\$	41.43	.031	\$	1166.70	\$	1.30
HOSPITAL BASED	0	. 0	·	.00	•	.00	.000	·	.00		.00
HEMODIALYSIS CENTER	55	1,549		64,168.59		41.43	.031		1166.70		1.30
@REHABILITATION FACILITY	59	419	\$	10,751.47	\$	25.66		\$	182.23	\$.22
HOSPITAL BASED	59	419	·	10,751.47	•	25.66	.008	·	182.23		.22
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,325	7,954	\$	114,766.87	\$	14.43	.161	\$	49.36	\$	2.32
PATHOLOGY	2,316	7,933	·	114,605.39	•	14.45	.160	·	49.48		2.31
XO AND OTHERS	9	21		161.48		7.69	.000		17.94		.00
@ORGANIZED OUTPATIENT CLINIC	14,106	22,201	\$	2,260,285.70	\$	101.81	.448	\$	160.24	\$	45.64
CLINIC	37	147	·	5,937.14	•	40.39	.003	·	160.46		.12
SURGICENTER	0	0		85.00CF	3	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14,086	22,054		2,254,433.56		102.22	.445		160.05		45.52
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES M		EPORT	FOR JAN	2003 THRU	DEC	2003	E	AGE 2,260
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	TNA	- TOTAL							
							M	CNO	HLY AVERA	GE	
49,522 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
·		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,071	221,668	\$	721,734.54	\$	3.26	4.476	\$	177.29	\$	14.57
DURABLE MED. EQUIP.	276	656	•	125,583.18	•	191.44	.013	•	455.01	•	2.54
BLOOD BANK	0	0		.00		.00	.000		.00		.00

					1-10	MILLIA AVEKA	C E	
49,522 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	4,071	221,668	\$ 721,734.54	\$ 3.26	4.476	\$ 177.29	\$	14.57
DURABLE MED. EQUIP.	276	656	125,583.18	191.44	.013	455.01		2.54
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	8	12	2,102.81	175.23	.000	262.85		.04
MEDICAL TRANSPORTATION	733	105,807	308,781.04	2.92	2.137	421.26		6.24
AMBULANCES/AIR TRANS	613	11,157	130,150.93	11.67	.225	212.32		2.63
OTHER TRANS	91	94,314	140,935.54	1.49	1.904	1548.74		2.85
OTHER SERVICES	62	336	37,694.57	112.19	.007	607.98		.76
ACUPUNCTURE	2	3	70.28	23.43	.000	35.14		.00
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.005	1448.85		.35
GENETIC DISEASE TESTING	42	42	4,357.50	103.75	.001	103.75		.09

IHMC, MODEL-NF, NF, AIDS, MSSP	6	31	5,123.97	165.29	.001	854.00	.10
OCCUPATIONAL THERAPIST	8	74	1,135.60	15.35	.001	141.95	.02
OPTICIAN	932	2,078	24,931.74	12.00	.042	26.75	.50
PHYSICAL THERAPIST	266	2,107	33,493.51	15.90	.043	125.92	.68
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	59	163	20,859.49	127.97	.003	353.55	.42
PROSTHETICS	59	163	20,859.49	127.97	.003	353.55	.42
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	79	152	11,763.18	77.39	.003	148.90	.24
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	806	10,455	88,224.13	8.44	.211	109.46	1.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,097	99,837	77,611.12	.78	2.016	70.75	1.57
@CALIF. CHILDREN SERVICES*	177	5,741	\$ 396,355.87	\$ 69.04	.116	\$ 2239.30	\$ 8.00
@XOVER EXCLUDING STATE HOSP**	2,650	24,007	\$ 296,492.73	\$ 12.35	.485	\$ 111.88	\$ 5.99

 $@* \ \ \, \text{TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;}\\$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,261
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	185% PI	ROGRAM -	- INFANTS	AID CODES 47	69		
							MON	THLY AVERAG	E
300 ELIGIBLES	USERS	UNITS OF	SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	145		477	\$	23,816.20	\$ 49.93	1.590 \$	164.25	\$ 79.39
@PHYSICIANS SERVICES	29		57	\$	1,365.44	\$ 23.96	.190 \$	47.08	\$ 4.55
OUTPATIENT VISITS	21		33	·	871.37	26.41	.110	41.49	2.90
OFFICE VISITS	20		32		826.77	25.84	.107	41.34	2.76
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1		1		44.60	44.60	.003	44.60	.15
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		Ô		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		n		.00	.00	.000	.00	.00
INPATIENT VISITS	1		1		41.24	41.24	.003	41.24	.14
HOSPITAL VISITS	1		1		41.24	41.24	.003	41.24	.14
CRITICAL CARE	0		<u> </u>		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	
EXAMINATIONS	0		0						.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	U		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	U		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	1		1		13.26	13.26	.003	13.26	.04
RADIOLOGY	2		2		13.84	6.92	.007	6.92	.05
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8		20		425.73	21.29	.067	53.22	1.42
@PHARMACY	56		112	\$	1,567.54	\$ 14.00	.373 \$		\$ 5.23
PRESCRIPTION DRUGS	56		112		1,567.54	14.00	.373	27.99	5.23
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	56		112		1,567.54	14.00	.373	27.99	5.23
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
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ORTHODONTIC SERVICES ALL OTHER SERVICES

MOP024

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,262

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01/29/04

FEE-FOR-SERVICE/DENTAL SIMMARY OF SERVICES FOR 185% DROCRAM - INFANTS AID CODES 47 60

MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	185% PR	OGRAM -	- INFANTS	AID	CODES 47	69				
								MC	ONTI	HLY AVERA	GE	
300 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ō	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		Ö	т	.00	τ.	.00	.000	Ψ.	.00	Υ.	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ċ	.00	Ġ	.00
MEDICINE/INJECTIONS	0		0	Y	.00	Ų	.00	.000	Ÿ	.00	Y	.00
	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0											
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0	ė.	.00	4	.00	.000	4	.00	4	.00
@HOME HEALTH AGENCY	U		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0 0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	Ş	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	30		129	\$	3,766.37	\$	29.20	.430	\$		\$	12.55
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0 0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ö		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	30		129		3,766.37		29.20	.430		125.55		12.55
MEDICAL	20		26		1,780.69		68.49	.087		89.03		5.94
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	12		39		458.03		11.74	.130		38.17		1.53
	10		12		173.82		14.49	.040		17.38		.58
RADIOLOGY	20		29				37.21	.040		53.96		3.60
ROOM USE					1,079.18							
CROSSOVERS/ALL OTH OUTPTNT			23	4	274.65		11.94	.077		17.17		.92
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ö		.00		.00	.000		.00		.00
PATHOLOGY	0		Ö		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
TOOM ODE	U		J		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .000 .00 PAGE 2,263

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURE:	S MON'I	IH-OF-PAYMENT R	EPORT.	FOR JAN 2	2003 THRU	DEC	2003	PA	01/29/04
DEL NORTE COUNTY		I/DENIAL /ICES FOR 185% PRO	CDAM -	_ TMEANTC	V LD	CODES 47	69				01/29/04
DEL NORIE COUNTI	SUMMARI OF SERV	71CES FOR 165% PROC	GRAM -	- INFANIS	AID	CODES 47		MONT	HLY AVERA	CF -	
300 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/LB	AGE COST	UNITS/DA		COST PER		COST PER
300 ELICIDEES	OBLIND	OR DAYS OF CARE		DAI DIDITORDO			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30		\$	3,766.37	\$	29.20	.430		125.55		12.55
COMM HOSP INPATIENT TOTAL	0	0	Υ	.00	Υ	.00	.000		.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ô	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	30	129		3,766.37		29.20	.430		125.55		12.55
MEDICAL	20	26		1,780.69		68.49	.087		89.03		5.94
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	39		458.03		11.74	.130		38.17		1.53
RADIOLOGY	10	12		173.82		14.49	.040		17.38		.58
ROOM USE	20	29		1,079.18		37.21	.097		53.96		3.60
CROSSOVERS/ALL OTH OUTPTNT		23		274.65		11.94	.077		17.17		.92
@STATE HOSPITAL	0		\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0	Ų	.00	Ą	.00	.000		.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$.00	\$.00	.000		.00	Ġ	.00
LEV A-INTERMEDIATE	0	0 ,	Ų	.00	Ą	.00	.000		.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000		.00	Ġ	.00
ICF DDH	0	0 ,	Ų	.00	Ą	.00	.000	-	.00	Ą	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000		.00	Ġ	.00
HOSPITAL BASED	0	0 .	Ą	.00	Ą	.00	.000		.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000			\$.00
HOSPITAL BASED	0	0 ,	Ą	.00	Ą	.00	.000		.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4		\$	92.31	\$	13.19	.023		23.08	بغ	.31
PATHOLOGY	4	, , , , , , , , , , , , , , , , , , ,	Ą	92.31	Ą	13.19	.023		23.08	Ą	.31
XO AND OTHERS	0	0		.00		.00	.023		.00		.00
@ORGANIZED OUTPATIENT CLINIC	103		\$	16,551.70	\$	110.34	.500			\$	55.17
	0	0	Ą		Ą	.00	.000	Ą	.00	Ą	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	· ·	0					.000				.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 103	150		.00 16,551.70		.00	.500		.00 160.70		.00 55.17
		CES AND EXPENDITURE:	C MONT			110.34				ים	
#CALIF DEPT OF HEALTH SERV			2 MOM	IH-OF-PAIMENI K	EPORI	FOR JAN .	2003 IHRU	DEC	. 2003	PF	AGE 2,264 01/29/04
MOP024	FEE-FOR-SERVICE			TATERANIC	7. T.D.	CODEC 47	60				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 185% PRO	GKAM -	- INFANIS	ALD	CODES 47		M/\ntr	יים מו	CE	
300 ELIGIBLES	HOFFO	INITE OF CEDUTOR		EADENDIALIDEC	7/1/2/2	7 CE COCE			HLY AVERA		
200 ETIGIBTES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DA				COST PER
WALL OARD DDOMIDEDG	3	OR DAYS OF CARE	Ċ	472.84		21.49	PER ELI		USER 157.61		ELIGIBLE 1.58
@ALL OTHER PROVIDERS	3	22	Y	4/2.04	Ą	47.47	.0/3	Ą	TO 1.0T	Ą	1.30

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	443.82	21.13	.070	221.91	1.48
AMBULANCES/AIR TRANS	2	21	443.82	21.13	.070	221.91	1.48
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	29.02	29.02	.003	29.02	.10
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVEN	ו אכ א כבטאסאיים ז	NEODMATTON TTEM ON	IT V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,265
MOPO 4 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

DEL NORTE COUNTI	SOMMAN OF SEN	IAMBOMA SCOT MOT GEDIN.	I - FILEGIVANI A.	TD CONTO 44 40	ユシ		
					MO	NTHLY AVERAG	GE
508 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	289	2,439 \$	189,180.38	\$ 77.56	4.801	\$ 654.60	\$ 372.40
@PHYSICIANS SERVICES	54	77 \$	8,543.87	\$ 110.96	.152	\$ 158.22	\$ 16.82
OUTPATIENT VISITS	11	14	904.58	64.61	.028	82.23	1.78
OFFICE VISITS	2	2	81.20	40.60	.004	40.60	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	12	823.38	68.62	.024	91.49	1.62
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	12	494.67	41.22	.024	70.67	.97
HOSPITAL VISITS	7	12	494.67	41.22	.024	70.67	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	12	5,869.83	489.15	.024	489.15	11.55
PRINCIPAL SURGEON	11	11	5,683.33	516.67	.022	516.67	11.19
ASSISTANT SURGEON	1	1	186.50	186.50	.002	186.50	.37
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	168.65	168.65	.002	168.65	.33
PRINCIPAL SURGEON	1	1	168.65	168.65	.002	168.65	.33

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	10	63.34	6.33	.020	7.04	.12
RADIOLOGY	21	26	951.80	36.61	.051	45.32	1.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	91.00	45.50	.004	45.50	.18
@PHARMACY	88	167	\$ 5,014.71	\$ 30.03	.329	\$ 56.99	\$ 9.87
PRESCRIPTION DRUGS	83	148	3,676.09	24.84	.291	44.29	7.24
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	83	148	3,676.09	24.84	.291	44.29	7.24
MEDICAL SUPPLIES	12	19	1,338.62	70.45	.037	111.55	2.64
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
	0	0	.00			.000	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00				
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	U	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	00	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR	2 JAN 2003	THRU D	EC 2003	PΙ	AGE 2,266
MOP024	FEE-FOR-SERVICE								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	ICES FOR 185% PROC	GRAM - PREGNANT	AID CODES					
						МО	NTHLY AVERA	GE -	
508 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNI	TS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNI	T/DAY PE	R ELIG	USER	I	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	·	.00	.000	.00	•	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	Ō	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00		\$.00	\$.00
VISITS	0	0	.00	•	.00	.000	.00	~	.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0 8			.00		\$.00	\$.00
	0	0 .	.00	•	.00	.000	.00	Ą	.00
MEDICINE/INJECTIONS	0	0							
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 5	.00	•	.00		\$.00	\$.00
NURSE ANESTHESIST	4	18	440.82	•	1.49		\$ 110.21	\$.87
NURSE MIDWIFE	19	36	5,753.13	•	0.81		\$ 302.80	\$	11.33
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00		\$.00	\$.00
@TOTAL HOSPITAL	183	1,975	155,220.00		3.59		\$ 848.20	\$	305.55
HOSP INPATIENT TOTAL	21	102	105,488.34	1034		.201	5023.25		207.65
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	21	102	105,488.34	1034	.20	.201	5023.25		207.65
ACCOMMODATIONS	21	102	64,002.71	627	1.48	.201	3047.75		125.99
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	21	102	64,002.71	627	.48	.201	3047.75		125.99
ANCILLARIES	21	0	41,485.63		.00	.000	1975.51		81.66
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	176	1,873	49,731.66	26	5.55	3.687	282.57		97.90
MEDICAL	36	42	2,600.28		91	.083	72.23		5.12
SURGERY	8	9	140.17		5.57	.018	17.52		.28
PATHOLOGY	92	517	6,399.31			1.018	69.56		12.60
RADIOLOGY	38	41	2,560.03		2.44	.081	67.37		5.04
ROOM USE	126	253	8,456.65		3.43	.498	67.12		16.65
	131				0.43		225.77		
CROSSOVERS/ALL OTH OUTPTNT		1,011	29,575.22			1.990		4	58.22
@COUNTY HOSPITAL TOTAL	0	0 \$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
	0	0					.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES M					PAGE 2,267
MOP024	FEE-FOR-SERVICE	DENTAL.		i one i on one	2005 IIIIO DEC	2005	01/29/04
DEL NORTE COUNTY		ICES FOR 185% PROGRA	M - DDECNANT AT	ID CODES 44 48	/I Q		01/25/01
DEL NORTE COONTI	SUMMART OF SERVI	CES FOR 103% FROGRA	M - FREGNANT AT	LD CODES 44 40	MONT	א מישוא א דעי	CE
508 ELIGIBLES	USERS	INITEC OF CEDITOR	EXPENDITURES	AVERAGE COST			
200 FTIGIBLES	USERS	UNITS OF SERVICE	EAPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	1,975 \$	155,220.00	\$ 78.59	3.888 \$		•
COMM HOSP INPATIENT TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
HSC HOSPITALS	0 21 21 0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
ACCOMMODATIONS	21	102	64,002.71	627.48	.201	3047.75	125.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	102	64,002.71	627.48	.201	3047.75	125.99
ANCILLARIES	21	0	41,485.63	.00	.000	1975.51	81.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
INPALLENT CROSSOVERS							
ALL OTHER INPATIENT	0 176	0 1,873	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1/6		49,731.66	26.55	3.687	282.57	97.90
MEDICAL	36	42	2,600.28	61.91	.083	72.23	5.12
SURGERY	8	9	140.17	15.57	.018	17.52	.28
PATHOLOGY	92	517	6,399.31	12.38	1.018	69.56	12.60
RADIOLOGY	38	41	2,560.03	62.44	.081	67.37	5.04
ROOM USE	126	253	8,456.65	33.43	.498	67.12	16.65
CROSSOVERS/ALL OTH OUTPINT	131	1,011	29,575.22	29.25	1.990	225.77	58.22
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	
	0	0 Ş			.000 \$.00	•
LEV A-INTERMEDIATE	0		.00	.00			.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0						
		0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	44 \$	1,100.12	\$ 25.00	.087 \$	34.38	\$ 2.17
PATHOLOGY	32	44	1,100.12	25.00	.087	34.38	2.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	79 \$	10,176.46	\$ 128.82	.156 \$	248.21	\$ 20.03
CLINIC	3	16	293.48	18.34	.031	97.83	.58

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 .00 MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 01/29/04

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER FLIGHRE 508 ELIGIBLES USERS OR DAYS OF CARE

43 \$ 2,931.27 \$ 68.17 .085 \$ 112.74 \$ 5.77

0 .00 .00 .000 .000 .00 ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS 26 @ALL OTHER PROVIDERS 0 .00 .00 .00 .39 .39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 1.04 4.13 .000 \$.00 \$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2.269 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

ORTE COLL

00 ELIGIBLES

L, ALL PROVIDERS 8
3ICIANS SERVICES 0
IPATIENT VISITS 0
OFFICE VISITS 0
HOME VISITS 0
EMERGENCY ROOM 0
PREVENTIVE CARE 0
OB VISITS/COMPRE PERI 0
OTHER OUTPATIENT 0
INPATIENT VISITS 0

TNPATIENT VISITS 0 ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
 EXPENDITURES
 AVERAGE COST UNITS/DAYS PER PER UNIT/DAY
 COST PER ELIG
 COST PER ELIGIBLE

 1,392.21
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 .00 OR DAYS OF CARE

38 \$
0 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				
INPATIENT HOSPITAL SURGERY	0	0				.00			.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00			.000				
	0	0				.00			.00		.00
RADIOLOGY	Ü	U		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	•	.00	•	.00	.000	•	.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
MEDICAL SUPPLIES	0		4		4			4		4	.00
@DENTIST	U	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0				.00	.000		.00		.00
	0	0		.00							
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO		EPORT			DEC	2003	1	PAGE 2,270
MOP024	FEE-FOR-SERVICE			311111 01 11111111111111111111111111111	0101	. 1010 01110 2	1005 111110		2005	-	01/29/04
DEL NORTE COUNTY		VICES FOR 60-DAY	DOCT	DARTIM DROCRAM		AID CODE	76				01/29/04
DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR 00-DAI	PUSI	PARIUM PROGRAM		AID CODE				αn	
0.0 57 76757 76	Hanna				3		M			GŁ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	٧	.00	٧	.00	.000	٧	.00	~	.00
	0	0					.000				
OTHER SERVICES	0		4	.00	4	.00		4	.00	4	.00
@PODIATRIST	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	Ô	Ō	\$.00	Š	.00	.000	\$.00	Š	.00
NURSE MIDWIFE	0	n	\$.00	Š	.00	.000	Š	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ģ	.00	.000	\$.00	\$.00
FEDIAINIC NONSE PRACILITONER	U	U	ų	.00	Ą	.00	.000	ې	.00	Ą	.00

FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	29 \$	\$ 741.30	\$ 25.56	.000	\$ 148.26	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	29	741.30	25.56	.000	148.26	.00
MEDICAL	2	3	221.27	73.76	.000	110.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	208.17	20.82	.000	69.39	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.44	33.11	.000	44.15	.00
CROSSOVERS/ALL OTH OUTPTNT	3	12	179.42	14.95	.000	44.86	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0		.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,271
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY POST P	ARTUM PROGRAM	AID CODE	76		
					MONT	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	29 \$	741.30	\$ 25.56	.000 \$	148.26	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	29	741.30	25.56	.000	148.26	.00
MEDICAL	2	3	221.27	73.76	.000	110.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY							.00
	3	10	208.17	20.82	. 000	69.39	
	3	10	208.17	20.82	.000	69.39 00	
RADIOLOGY	3 0 3	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	3 0 3 4	0 4	.00 132.44	.00 33.11	.000	.00 44.15	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3 0 3 4	0 4 12	.00 132.44 179.42	.00 33.11 14.95	.000 .000 .000	.00 44.15 44.86	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	3 0 3 4 0	0 4 12 0 \$.00 132.44 179.42 .00	.00 33.11 14.95 \$.00	.000 .000 .000 .000 \$.00 44.15 44.86 .00	.00 .00 .00 \$.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	3 0 3 4 0	0 4 12 0 \$ 0	.00 132.44 179.42 .00	.00 33.11 14.95 \$.00	.000 .000 .000 .000 \$.00 44.15 44.86 .00	.00 .00 .00 .00 \$.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0	0 4 12 0 \$ 0	.00 132.44 179.42 .00 .00	.00 33.11 14.95 \$.00 .00	.000 .000 .000 .000 \$.000	.00 44.15 44.86 .00 .00	.00 .00 .00 \$.00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	•	0 4 12 0 \$ 0 0	.00 132.44 179.42 .00 .00	.00 33.11 14.95 \$.00 .00 .00	.000 .000 .000 .000 \$.000 .000	.00 44.15 44.86 .00 .00	.00 .00 .00 \$.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0 4 12 0 \$ 0 0 0 \$.00 132.44 179.42 .00 .00 .00	.00 33.11 14.95 \$.00 .00 .00 \$.00	.000 .000 .000 .000 \$.000 .000 .000 \$.00 44.15 44.86 .00 .00 .00	.00 .00 .00 \$.00 .00 .00 \$.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0	0 4 12 0 \$ 0 0 0 \$ 0 0 \$.00 132.44 179.42 .00 .00 .00 .00	.00 33.11 14.95 \$.00 .00 .00 \$.00 .00	.000 .000 .000 .000 \$.000 .000 \$.000	.00 44.15 44.86 .00 .00 .00 .00	.00 .00 .00 \$.00 .00 .00 \$.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0 4 12 0 \$ 0 0 0 \$.00 132.44 179.42 .00 .00 .00	.00 33.11 14.95 \$.00 .00 .00 \$.00	.000 .000 .000 .000 \$.000 .000 .000 \$.00 44.15 44.86 .00 .00 .00	.00 .00 .00 \$.00 .00 .00 \$.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

0

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0

0

0

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3 \$	82.14	\$ 27.38	.000 \$	41.07	\$.00
PATHOLOGY	2	3	82.14	27.38	.000	41.07	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6 \$	568.77	\$ 94.80	.000 \$	113.75	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	568.77	94.80	.000	113.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,272
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY POST I	PARTUM PROGRAM	AID CODE	76		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ω	()	.00	.00	.000	.00	.00
ORTHOTICS	0	0					
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

HOSPICE SERVICES

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

0

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							MO	NTHLY AVERA	AGE	
808 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	442	2,954	\$	214,388.79	\$	72.58	3.656	\$ 485.04	\$	265.33
@PHYSICIANS SERVICES	83	134	\$	9,909.31	\$	73.95	.166	\$ 119.39	\$	12.26

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PAGE 2,273

01/29/04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT VISITS	32	47		1,775.95		37.79	.058	55.50		2.20
OFFICE VISITS	22	34		907.97		26.71	.042	41.27		1.12
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	ĺ	1		44.60		44.60	.001	44.60		.06
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
	0									
OB VISITS/COMPRE PERI	9	12		823.38		68.62	.015	91.49		1.02
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	8	13		535.91		41.22	.016	66.99		.66
HOSPITAL VISITS	8	13		535.91		41.22	.016	66.99		.66
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
	_									
INPATIENT HOSPITAL SURGERY	12	12		5,869.83		489.15	.015	489.15		7.26
PRINCIPAL SURGEON	11	11		5,683.33		516.67	.014	516.67		7.03
ASSISTANT SURGEON	1	1		186.50		186.50	.001	186.50		.23
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	1	1		168.65		168.65	.001	168.65		.21
PRINCIPAL SURGEON	1	1		168.65		168.65	.001	168.65		.21
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	Ŏ		.00		.00	.000	.00		.00
PATHOLOGY	10	11		76.60		6.96	.014	7.66		.09
	23									
RADIOLOGY		28		965.64		34.49	.035	41.98		1.20
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	10	22		516.73		23.49	.027	51.67		.64
@PHARMACY	144	279	\$	6,582.25	\$	23.59	.345 \$	45.71	\$	8.15
PRESCRIPTION DRUGS	139	260		5,243.63		20.17	.322	37.72		6.49
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	139	260		5,243.63		20.17	.322	37.72		6.49
MEDICAL SUPPLIES	12	19		1,338.62		70.45	.024	111.55		1.66
@DENTIST	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	т	.00	Υ	.00	.000	.00	Ψ	.00
ORAL SURGERY	0	Õ		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
DRUGS	0	0								
ANESTHESIA		U		.00		.00	.000	.00		.00
PERIODONTICS	0	Ü		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	Ő		.00		.00	.000	.00		.00
			EC M		יים מח				PAC	
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT R	EPORI	FOR UAN 2	ZUUS IRKU DE	C 2003	PAC	GE 2,274 01/29/04
MOP024	FEE-FOR-SERVICE		D (0	DAM DD HOHAT GO	DEG 4	4 47 40 40	0 76			01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	ט א ע	-DAY PP TOTAL, CO	DES 4	4 4/ 48 49			~ =	
000							MON'			
808 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			OST PER
		OR DAYS OF CARE					PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	,	.00	.000	.00		.00
·	ű	ŭ		. 3 3						

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	4	18	\$	440.82	\$	24.49		\$	110.21	\$.55
NURSE MIDWIFE	19	36	\$	5,753.13	\$	159.81		\$	302.80	\$	7.12
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	218	2,133	\$	159,727.67	\$	74.88	2.640	\$	732.70	\$	197.68
HOSP INPATIENT TOTAL	21	102		105,488.34		1034.20	.126		5023.25		130.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	21	102		105,488.34		1034.20	.126		5023.25		130.55
ACCOMMODATIONS	21	102		64,002.71		627.48	.126		3047.75		79.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	102		64,002.71		627.48	.126		3047.75		79.21
ANCILLARIES	21 0	0		41,485.63		.00	.000		1975.51		51.34
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	211	2,031		.00 54,239.33		.00 26.71	.000 2.514		.00 257.06		.00 67.13
MEDICAL	58	2,031 71		4,602.24		64.82	.088		79.35		5.70
SURGERY	8	9		140.17		15.57	.011		17.52		.17
PATHOLOGY	107	566		7,065.51		12.48	.700		66.03		8.74
RADIOLOGY	48	53		2,733.85		51.58	.066		56.96		3.38
ROOM USE	149	286		9,668.27		33.81	.354		64.89		11.97
CROSSOVERS/ALL OTH OUTPTNT		1,046		30,029.29		28.71	1.295		198.87		37.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
			ES M	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,275
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	D 60)-DAY PP TOTAL, COI	DES	44 47 48 49				~-	
000 51 5355 53							M				
808 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER
COMMINITELY HOODIEST HORSE	010	OR DAYS OF CARE		150 505 65		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	2,133	\$	159,727.67	\$	74.88	2.640	Ş	732.70	Ş	197.68
COMM HOSP INPATIENT TOTAL	21 0	102 0		105,488.34		1034.20	.126		5023.25		130.55
HSC HOSPITALS	21	102		.00 105,488.34		.00 1034.20	.000		.00 5023.25		.00 130.55
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	21	102		64,002.71		627.48	.126 .126		3047.75		79.21
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
INDICATIONAL IF CARE	U	U		.00		.00	.000		.00		.00

ALL OTHER ACCOM	21	102	64,002.71	627.48	.126	3047.75	79.21
ANCILLARIES	21	0	41,485.63	.00	.000	1975.51	51.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	211	2,031	54,239.33	26.71	2.514	257.06	67.13
MEDICAL	58	71	4,602.24	64.82	.088	79.35	5.70
SURGERY	8	9	140.17	15.57	.011	17.52	.17
PATHOLOGY	107	566	7,065.51	12.48	.700	66.03	8.74
RADIOLOGY	48	53	2,733.85	51.58	.066	56.96	3.38
ROOM USE	149	286	9,668.27	33.81	.354	64.89	11.97
CROSSOVERS/ALL OTH OUTPTNT	151	1,046	30,029.29	28.71	1.295	198.87	37.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	38	54	\$	1,274.57	\$	23.60	.067	\$	33.54	\$	1.58
PATHOLOGY	38	54		1,274.57		23.60	.067		33.54		1.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	149	235	\$	27,296.93	\$	116.16	.291	\$	183.20	\$	33.78
CLINIC	3	16		293.48		18.34	.020		97.83		.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	146	219		27,003.45		123.30	.271		184.96		33.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES I	MONTH-OF-PAYMENT RE	EPOR'	r for jan 200	3 THRU	DEC	2003	₽₽	AGE 2,276
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	'OR 185% A'	ND 60	0-DAY PP TOTAL, COI	DES	44 47 48 49 6	9 76				
								-	HLY AVERA	_	
808 ELIGIBLES	USERS UNITS	OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST UN	IITS/DAY	S (COST PER	C	COST PER

					MON	THLY AVERAGE	
808 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	65 \$	3,404.11	\$ 52.37	.080 \$	117.38 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	32	643.97	20.12	.040	160.99	.80
AMBULANCES/AIR TRANS	4	32	643.97	20.12	.040	160.99	.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.026	105.00	2.73
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	12	555.14	46.26	.015	138.79	.69
@CALIF. CHILDREN SERVICES*	4	7 \$	2,099.88	\$ 299.98	.009 \$	524.97 \$	2.60
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARA	ATE INFORMATION ITEM ONLY	<i>T</i> ;		·		

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,277 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

DEL NORIE COUNTY	SUMMARY OF SERV	ICES FOR IIILE II DIS	REGARD - AGED	AID CODE	10		
460 51 16151 56	HATRA			311ED3 GE GOGE	MONT		
469 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	201	OR DAYS OF CARE	166 655 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	381	7,240 \$	166,655.28	\$ 23.02	15.437 \$		\$ 355.34
@PHYSICIANS SERVICES	79	202 \$	2,510.94	\$ 12.43	.431 \$		\$ 5.35
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	79	202	2,510.94	12.43	.431	31.78	5.35
@PHARMACY	328	5,009 \$	123,084.08	\$ 24.57	10.680 \$		\$ 262.44
PRESCRIPTION DRUGS	325	1,470	120,217.91	81.78	3.134	369.90	256.33
SNF/ICF	5	32	2,214.75	69.21	.068	442.95	4.72
OUTPATIENTS	320	1,438	118,003.16	82.06	3.066	368.76	251.61
MEDICAL SUPPLIES	45	3,539	2,866.17	.81	7.546	63.69	6.11
@DENTIST	5	7 \$	421.00	\$ 60.14	.015 \$	84.20	
VISITS - DIAGNOSTIC	3	4	56.00	14.00	.015 \$	18.67	.12
	3 1	1	85.00	85.00	.009	85.00	.12
ORAL SURGERY	0	1					
DRUGS	•	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.002	65.00	.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MC					PAGE 2,278
MODO34	FEE FOR CERVICE		TITLE OF THE PROPERTY IN	LI CILI I CIL CAN 2	JOGS TIMO DEC	2000	01/20/04

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,279

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONT.	HIY AVERA	GE.	
469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67	229	\$	10,966.61	\$	47.89	.488	\$	163.68	\$	23.38
COMM HOSP INPATIENT TOTAL	11	56		9,072.00		162.00	.119		824.73		19.34
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	56		9,072.00		162.00	.119		824.73		19.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	64	173		1,894.61		10.95	.369		29.60		4.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	64	173		1,894.61		10.95	.369		29.60	_	4.04
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	/	127	\$	15,183.88		119.56	.271	\$	2169.13	\$	32.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	7			.00		.00	.000		.00		.00
LEV B-REGULAR	/	127	4	15,183.88		119.56	.271	۲,	2169.13	4	32.38
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00 .00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	•	.00	.000	٧	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Ő	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	τ	.00		.00	.000	Τ.	.00	Υ	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	91	170	\$	8,909.27		52.41	.362	\$	97.90	\$	19.00
CLINIC	0	0	τ	.00		.00	.000	τ.	.00	Υ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	91	170		8,909.27		52.41	.362		97.90		19.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT	REPORT	r for Jan 2		DEC	2003	P.	AGE 2,280
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE	16				
							M	ONT:	HLY AVERA	GE	
469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	63	1,476	\$	5,161.36	\$	3.50	3.147	\$	81.93	\$	11.01
DURABLE MED. EQUIP.	3	33		1,271.54		38.53	.070		423.85		2.71
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	40		264.45		6.61	.085		44.08		.56

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	8	75.80	9.48	.017	37.90	.16
OTHER SERVICES	4	32	188.65	5.90	.068	47.16	.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	265.31	11.54	.049	24.12	.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,226.03	613.02	.004	613.02	2.61

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	1,378		2,134.03	1.55	2.938	50.81	4.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	164	1,929	\$	16,261.70	\$ 8.43	4.113	\$ 99.16	\$ 34.67
@* TOTATO IN TURCE IINEC ADE CIVEN	AC A CEDADATE	TMEODMATTOM	TTEM ONLY:					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,281 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

DEL NORIE COUNTY	SUMMARI OF SERV	ICES FOR ITILE I	. 1 1 1 1 1	SKEGARD - BLIND	AID CODES 26				
							NTHLY AVERA	GE	-
24 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	₹.
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	Z
@TOTAL, ALL PROVIDERS	19	482	\$	2,777.26	\$ 5.76	20.083	146.17	\$ 115.72	2
@PHYSICIANS SERVICES	5	8	\$	27.32	\$ 3.42	.333		\$ 1.14	
OUTPATIENT VISITS	0	0	т	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
	0	0		.00		.000	.00		
PREVENTIVE CARE	0	0		.00	.00			.00	
OB VISITS/COMPRE PERI	0	0			.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	J
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	J
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	J
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	J
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	J
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	D.
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	Õ		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
	0	0			.00	.000			
PSYCHIATRY	0	0		.00			.00	.00	
IMMUNIZATION AND INJECTION	5			.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS		8	4	27.32	3.42	.333	5.46	1.14	
@PHARMACY	13	423	\$	1,958.51	\$ 4.63	17.625		\$ 81.60	
PRESCRIPTION DRUGS	10	23		1,876.90	81.60	.958	187.69	78.20	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	10	23		1,876.90	81.60	.958	187.69	78.20	
MEDICAL SUPPLIES	4	400		81.61	.20	16.667	20.40	3.40	
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	J
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	J
DRUGS	0	0		.00	.00	.000	.00	.00	J
ANESTHESIA	0	0		.00	.00	.000	.00	.00	J
PERIODONTICS	0	0		.00	.00	.000	.00	.00	J
ENDODONTICS	0	0		.00	.00	.000	.00	.00	J

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0					
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 2,282
MOP024	FEE-FOR-SERVICE		01 1111111111 101	21 01(1 1 01(011(2	LOOS TIMO DE	C 2005	01/29/04
DEL NORTE COUNTY		ICES FOR TITLE II DIS	DECADD - DITMD	AID CODES 26	67		01/25/01
DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR TITLE II DIS.	REGARD - BLIND	AID CODES 20		miii 17 - 31700 3 C	I.B.
24 FLIGTRIFIC	Hanna	INITES OF SERVICE		717D7 CD COCH	MON		
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0		.00		.000 \$		
@PODIATRIST	0	- +		•			•
MEDICINE/INJECTIONS	U	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 Ş	31.50	·	.167 \$		\$ 1.31
@TOTAL HOSPITAL	3	4 >					•
HOSP INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	31.50	7.88	.167	10.50	1.31
	3	1					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ü	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	31.50	7.88	.167	10.50	1.31
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	. (00
MEDICAL	0	0	.00		.00	.000		.00	. (00
SURGERY	0	0	.00		.00	.000		.00	. (00
PATHOLOGY	0	0	.00		.00	.000		.00	. (00
RADIOLOGY	0	0	.00		.00	.000		.00		00
ROOM USE	Ô	0	.00		.00	.000		.00		00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		00
	•	•					DEG			
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		MONTH-OF-PAYMENT F	KEPOKI	FOR JAN 2003	3 IHRU	DEC	2003	PAGE 2	
MOP024	FEE-FOR-SERVICE/DEN				~~~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				01/29	9/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD - BLIND	AID	CODES 26 6A					
								HLY AVERA		
24 ELIGIBLES		TS OF SERVICE	EXPENDITURES		RAGE COST UNI			COST PER	COST PI	
		DAYS OF CARE				ER ELIG		USER	ELIGIB	ĹΕ
@COMMUNITY HOSPITAL TOTAL	3	4 \$	31.50	\$	7.88	.167	\$	10.50	\$ 1.	31
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	. (00
HSC HOSPITALS	0	0	.00		.00	.000		.00	. (00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	. (00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		00
TRANSITIONAL IP CARE	Ô	0	.00		.00	.000		.00		00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		00
	0	0	.00		.00	.000		.00		00
ANCILLARIES	0	0								
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		00
ALL OTHER INPATIENT	U	0	.00		.00	.000		.00		00
COMM HOSP OUTPATIENT TOTAL	3	4	31.50		7.88	.167		10.50	1.3	
MEDICAL	0	0	.00		.00	.000		.00	. (00
SURGERY	0	0	.00		.00	.000		.00	. (00
PATHOLOGY	0	0	.00		.00	.000		.00	. (00
RADIOLOGY	0	0	.00		.00	.000		.00	. (00
ROOM USE	0	0	.00		.00	.000		.00	. (00
CROSSOVERS/ALL OTH OUTPTNT	3	4	31.50		7.88	.167		10.50	1.3	31
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00		00
MENTALLY ILL	0	0	.00	т.	.00	.000	7	.00	•	00
DEVELOP. DISABLED	Ô	Ö	.00		.00	.000		.00		00
@NURSING FACILITY	Ô	0 \$.00	\$.00	.000	\$.00		00
LEV A-INTERMEDIATE	0	0 \$.00	Ÿ	.00	.000	Ÿ	.00	•	00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		
	0	0								00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		00
LEV B-TRANSITIONAL IP CARE	U	0	.00		.00	.000		.00		00
LEV B-REGULAR	U	0	.00		.00	.000	4.	.00		00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	-	00
ICF DDH	0	0	.00		.00	.000		.00		00
ICF DD	0	0	.00		.00	.000		.00		00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	. (00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.0	00
HOSPITAL BASED	0	0	.00		.00	.000		.00	. (00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	. (00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.0	00
HOSPITAL BASED	0	0	.00	•	.00	.000		.00		00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00		00
PATHOLOGY	n	0 \$.00	4	.00	.000	4	.00	•	00
XO AND OTHERS	0	0	.00		.00	.000		.00		00
@ORGANIZED OUTPATIENT CLINIC	0	0 2 \$		ė,	206.00		ė.	206.00		
	2	∠ Ş	412.00	Ą		.083	\$		•	
CLINIC	U	U	.00		.00	.000		.00		00
SURGICENTER	Ü	Ü	.00		.00	.000		.00		00
HEROIN DETOX CLINIC	0	Ō	.00		.00	.000		.00		00
RURAL HEALTH CLINIC	2	2	412.00		206.00	.083		206.00	17.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2003	3 THRU	DEC	2003	PAGE 2	,284

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

222 1101112 0001111	DOIMMENT OF DELLY		011201212	1112 00220 20	V		
					MON	THLY AVERAG	E
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	45 \$	347.93	\$ 7.73	1.875 \$	86.98	\$ 14.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	45	347.93	7.73	1.875	86.98	14.50
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	56 \$	397.75	\$ 7.10	2.333 \$	39.78	\$ 16.57
* TOTAL OF THE THEOR LINES ADD	CITIENT AC A CEDAD	MULTATE ODMANTANT THEM	ONT W.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,285 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

290 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	262	2,542 \$	129,484.53	\$ 50.94	8.766 \$	494.22	\$ 446.50	
@PHYSICIANS SERVICES	43	114 \$	1,631.86	\$ 14.31	.393 \$	37.95	\$ 5.63	
OUTPATIENT VISITS	9	15	420.40	28.03	.052	46.71	1.45	
OFFICE VISITS	9	15	420.40	28.03	.052	46.71	1.45	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.16	
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.16	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	8.57	8.57	.003	8.57	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	97	1,156.45	11.92	.334	32.12	3.99
@PHARMACY	243	1,210 \$	106,306.33	\$ 87.86	4.172	\$ 437.47	\$ 366.57
PRESCRIPTION DRUGS	243	1,128	103,574.12	91.82	3.890	426.23	357.15

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	243	1,128	103,574.12	91.82	3.890	426.23	357.15
MEDICAL SUPPLIES	29	82	2,732.21	33.32	.283	94.21	9.42
@DENTIST	6	17	\$ 708.00	\$ 41.65	.059	\$ 118.00	\$ 2.44
VISITS - DIAGNOSTIC	6	14	213.00	15.21	.048	35.50	.73
ORAL SURGERY	2	2	430.00	215.00	.007	215.00	1.48
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.003	65.00	.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU	DEC 2003	PAGE 2,286
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
DEL NORTE COUNTY	STIMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DISARLE	D AID CODES 3	6 66 6C		

----- MONTHLY AVERAGE -----

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

290 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7	18	\$	361.47	\$	20.08	.062	\$	51.64	\$	1.25
DIAGNOSTIC AND ANC. PROCED	1	1	•	47.45	•	47.45	.003		47.45	•	.16
EYE APPLIANCES	6	17		266.57		15.68	.059		44.43		.92
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.16
@CHIROPRACTOR	3	5	\$	83.60	\$	16.72	.017	\$	27.87	\$.29
VISITS	2	4	-	66.88	•	16.72	.014	-	33.44	-	.23
OTHER SERVICES	1	1		16.72		16.72	.003		16.72		.06
@PODIATRIST	5	5	\$	47.43	\$	9.49	.017	\$	9.49	\$.16
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	5		47.43		9.49	.017		9.49		.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	43	\$	73.00	\$	1.70	.148	\$	73.00	\$.25
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	295	\$	10,545.47	\$	35.75	1.017	\$	234.34	\$	36.36
HOSP INPATIENT TOTAL	8	12		5,863.76		488.65	.041		732.97		20.22
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	12		5,863.76		488.65	.041		732.97		20.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	44	283		4,681.71		16.54	.976		106.40		16.14
MEDICAL	4	25		639.47		25.58	.086		159.87		2.21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		157.49		12.11	.045		52.50		.54
RADIOLOGY	6	9		2,103.23		233.69	.031		350.54		7.25
ROOM USE	2	3		99.64		33.21	.010		49.82		.34
CROSSOVERS/ALL OTH OUTPTNT	39	233		1,681.88		7.22	.803		43.13		5.80
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 2,287
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

DEL NORIE COUNTY	SUMMARI OF SERV	ICES FOR II	TTE T	.т рт	.SREGARD - DISABLEL	AII	CODES 36				~ =	
000								M				~~~~~
290 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF					R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45		195	\$	10,545.47	\$	35.75	1.017	Ş	234.34	Ş	36.36
COMM HOSP INPATIENT TOTAL	8		12		5,863.76		488.65	.041		732.97		20.22
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8		12		5,863.76		488.65	.041		732.97		20.22
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	44	2	283		4,681.71		16.54	.976		106.40		16.14
MEDICAL	4		25		639.47		25.58	.086		159.87		2.21
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	3		13		157.49		12.11	.045		52.50		.54
RADIOLOGY	6		9		2,103.23		233.69	.031		350.54		7.25
ROOM USE	2		3		99.64		33.21	.010		49.82		.34
CROSSOVERS/ALL OTH OUTPINT	39	2	233		1,681.88		7.22	.803		43.13		5.80
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		Ō	т.	.00	т.	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	0		Ō		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Ō	Ś	.00	Ś	.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	'	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	4	\$	64.32	\$	16.08	.014	\$	21.44	\$.22
PATHOLOGY	3	4		64.32		16.08	.014		21.44		.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	79	129	\$	7,076.66	\$	54.86	.445	\$	89.58	\$	24.40
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	129		7,076.66		54.86	.445		89.58		24.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 2,288
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR TITLE I	I D	ISREGARD - DISABLED) AID	CODES 36	66 6C				
							M	ONTE	ILY AVERA	GE	

290 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COS	ST PER
and delicated the control of the con	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELI	IGIBLE
@ALL OTHER PROVIDERS 51 702 \$ 2,586.39 \$ 3.68 2.421 \$ 50.71 \$	8.92
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 5 165 716.12 4.34 .569 143.22	2.47
AMBULANCES/AIR TRANS 2 8 168.23 21.03 .028 84.12	.58
OTHER TRANS 1 119 171.05 1.44 .410 171.05	.59
OTHER SERVICES 2 38 376.84 9.92 .131 188.42	1.30
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 .00 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00	.00
OPTICIAN 17 47 583.04 12.41 .162 34.30	2.01
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 30 490 1,287.23 2.63 1.690 42.91	4.44
@CALIF. CHILDREN SERVICES* 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 76 538 \$ 11,296.84 \$ 21.00 1.855 \$ 148.64 \$	38.95

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,289 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

DEE NORTH COUNTY	DOINIME OF DELLA	TCDD IOIC		 SICE CITIED THIS ELLE		TOCOLLITIE	, LL				
							MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFICE VISITS	0		0	.00		.00	.000		.00		.00
HOME VISITS	0		0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DD-11-11-11-11-11-11-11-11-11-11-11-11-1	0	•	0.0	0.0	0.00	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	Ü	Ü	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	U	0		.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	Λ	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
PRINCIPAL SURGEON	U	0		.00	.000		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	Λ	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ü	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	· ·					
OTHER SERVICES/ALL X-OVERS	Ü	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	•					
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	•					
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT REP	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,290
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI		EGARD - FAMILIES	DISCONTINU	וביר		,,
DED NORTE COUNTY	SUMMART OF SERVI	CES FOR TITLE II DISK	EGAND - PAMILIES	DISCONTINO			. D
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
	ŭ	- 1		·	•		·
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	-	- T		•			·
	Λ	Λ	0.0	nn	000	(1)(1)	(11)
	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0 0	0 0	.00	.00	.000	.00	.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-OF	-PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE 2,291
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTINUE			
					-	MONTE	HLY AVERAG	E

					MON'	I'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PAGE	2,292
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R TITLE	II DISR	EGARD - FAMILIES	3	DISCONTINUED					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

783 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	9	24	\$	467.69	\$	19.49	.031	\$	51.97	\$.60
DIAGNOSTIC AND ANC. PROCED	ĺ	1	τ	47.45	Ψ.	47.45	.001	т	47.45	Υ	.06
EYE APPLIANCES	8	23		372.79		16.21	.029		46.60		.48
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.06
@CHIROPRACTOR	3	5	\$	83.60	\$	16.72	.006	\$	27.87	\$.11
VISITS	2	4		66.88		16.72	.005		33.44		.09
OTHER SERVICES	1	1		16.72		16.72	.001		16.72		.02
@PODIATRIST	14	16	\$	328.90	\$	20.56	.020	\$	23.49	\$.42
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	14	16		328.90		20.56	.020		23.49		.42
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	46	\$	103.45	\$	2.25	.059	\$	51.73	\$.13
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	115	528	Ş	21,543.58	\$	40.80	.674	\$	187.34	\$	27.51
HOSP INPATIENT TOTAL	19	68		14,935.76		219.64	.087		786.09		19.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19	68		14,935.76		219.64	.087		786.09		19.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	111	460		6,607.82		14.36	.587		59.53		8.44
MEDICAL	4	25		639.47		25.58	.032		159.87		.82
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		157.49		12.11	.017		52.50		.20
RADIOLOGY	6	9		2,103.23		233.69	.011		350.54		2.69
ROOM USE	2	3		99.64		33.21	.004		49.82		.13
CROSSOVERS/ALL OTH OUTPTNT	106	410		3,607.99		8.80	.524		34.04		4.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		RES M	ONTH-OF-PAYMENT R	EPORT			DEC		PΖ	AGE 2,295
MOP024	FEE-FOR-SERVICE		KLID I		LI OIC	1 1 010 07110 2	2005 11110	рцс	2005		01/29/04
DEL NORTE COUNTY		VICES FOR TITLE	II DT	SREGARD - TOTAL							32,20,01
	_ JIIIIII OI DIII						M	ONT	HLY AVERA	GE -	
783 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	115	528	\$	21,543.58	\$	40.80	.674		187.34		27.51
			•								

COMM HOSP INPATIENT TOTAL	19	68	14,935.76	219.64	.087	786.09	19.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	68	14,935.76	219.64	.087	786.09	19.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	111	460	6,607.82	14.36	.587	59.53	8.44
MEDICAL	4	25	639.47	25.58	.032	159.87	.82
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	157.49	12.11	.017	52.50	.20
RADIOLOGY	6	9	2,103.23	233.69	.011	350.54	2.69
ROOM USE	2	3	99.64	33.21	.004	49.82	.13

CROSSOVERS/ALL OTH OUTPTNT	106	410		3,607.99		8.80	.524		34.04		4.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	127	\$	15,183.88	\$	119.56	.162	\$	2169.13	\$	19.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	127		15,183.88		119.56	.162		2169.13		19.39
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	4	\$	64.32	\$	16.08	.005	\$	21.44	\$.08
PATHOLOGY	3	4		64.32		16.08	.005		21.44		.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	172	301	\$	16,397.93	\$	54.48	.384	\$	95.34	\$	20.94
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	172	301		16,397.93		54.48	.384		95.34		20.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDIT	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 20	03 THRU	DEC	2003	PI	GE 2,296
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE	II I	DISREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	

					MON	THLY AVERAG	}E:
783 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	118	2,223 \$	8,095.68	\$ 3.64	2.839 \$	68.61	\$ 10.34
DURABLE MED. EQUIP.	3	33	1,271.54	38.53	.042	423.85	1.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	205	980.57	4.78	.262	89.14	1.25
AMBULANCES/AIR TRANS	2	8	168.23	21.03	.010	84.12	.21
OTHER TRANS	3	127	246.85	1.94	.162	82.28	.32
OTHER SERVICES	6	70	565.49	8.08	.089	94.25	.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	70	848.35	12.12	.089	30.30	1.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,226.03	613.02	.003	613.02	1.57
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	1,913	3,769.19	1.97	2.443	49.59	4.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	250	2,523	\$ 27,956.29	\$ 11.08	3.222	\$ 111.83	\$ 35.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,297 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

----- MONTHLY AVERAGE -----483 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 538.81 \$ 460.72 413 4,570 222,529.24 \$ 48.69 9.462 \$ @TOTAL, ALL PROVIDERS .395 \$ 83 3,420.53 \$ 7.08 @PHYSICIANS SERVICES 191 17.91 41.21 \$ OUTPATIENT VISITS 1 1 81.40 81.40 .002 81.40 .17 .002 81.40 81.40 81.40 OFFICE VISITS . 17 .00 HOME VISITS .00 .000 .00 .00 .00 .00 .000 EMERGENCY ROOM .000 .000 .000 .000 .000 .000 .000 .000 .000 .00 .00 .00 PREVENTIVE CARE .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .00 .00 HOSPITAL VISITS .00 .00 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES 81.73 81.73 .17 **EXAMINATIONS** 81.73 81.73 .17 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .000 . 00 ANESTHESIOLOGIST . 00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 .00 .000 .00 .00 .00 .00 .000 PATHOLOGY .00 .00 RADIOLOGY 0 .00 .000 .00 .00 .00 .00 **PSYCHIATRY** .00 .000 .00 .000 .00 IMMUNIZATION AND INJECTION Ω Ω .00 .00 .00 3,257.40 OTHER SERVICES/ALL X-OVERS 82 189 17.23 .391 39.72 6.74 2,925 @PHARMACY 359 136,237.23 46.58 6.056 \$ 379.49 \$ 282.06 355 1,913 133,668.90 69.87 3.961 376.53 276.75 PRESCRIPTION DRUGS 12 102 54.76 .211 465.46 SNF/ICF 5,585.47 11.56 OUTPATIENTS 345 1,811 128,083.43 70.73 3.749 371.26 265.18 39 2,568.33 MEDICAL SUPPLIES 1,012 2.54 2.095 65.85 5.32 27 617.00 \$ 22.85 @DENTIST .056 \$ 154.25 \$ 1.28 .029 VISITS - DIAGNOSTIC 90.00 6.43 45.00 .19 .008 159.00 39.75 159.00 ORAL SURGERY .33 **DRUGS** .00 .00 .000 .00 .00 ANESTHESIA 0 .00 .00 .000 .00 .00 PERIODONTICS 55.00 55.00 .002 55.00 .11 .00 .00 .000 .00 ENDODONTICS .00 .00 .00 RESTORATIVE DENTISTRY .000 .00 .00 .00 .00 PROSTHETICS .000 .00 313.00 39.13 .017 156.50 DENTURES, STAYPLATES .65 SPACE MAINTAINERS .00 .00 .000 .00 .00

0 0 .00 .00 .000 MAXILLOFACIAL SERVICES .000 0 0 .00 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 .00 .00 .000 0 0 .00 ALL OTHER SERVICES .00 .000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

PAGE 2,298

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COLINTY SUMMARY OF SERVICES FOR TO

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	' - AGED		AID CODE	18				
								M	ONT	HLY AVERA	GE	
483 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS					UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4		11	\$	228.09	\$	20.74	.023	Ġ	57.02		. 47
DIAGNOSTIC AND ANC. PROCED	1		1	4	47.45	т.	47.45	.002	т	47.45	т.	.10
EYE APPLIANCES	4		10		180.64		18.06	.021		45.16		.37
OTHER OPTOMETRIC SERVICES	ń		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ġ	.00	Ċ	.00
VISITS	0		0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	11		14	\$	148.63	\$	10.62	.029	۲,	13.51	۲,	.31
	0		0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0									
RADIO./PATHOLOGY	11		-		.00		.00	.000		.00		.00
OTHER	0		14	4	148.63	4	10.62	.029		13.51		.31
@HOME HEALTH AGENCY	•		0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00	Ş	.00	.000		.00		.00
NURSE MIDWIFE	0		0	\$.00	Ş	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ş		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	82		259	\$	18,097.34	\$	69.87	.536	\$	220.70	\$	37.47
HOSP INPATIENT TOTAL	19		74		15,348.15		207.41	.153		807.80		31.78
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19		74		15,348.15		207.41	.153		807.80		31.78
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78		185		2,749.19		14.86	.383		35.25		5.69
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	78		185		2,749.19		14.86	.383		35.25		5.69
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0		Ö	4	.00	-	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ů.		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	U		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	U		0									
MEDICAL	U		-		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00

 RADIOLOGY
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 CROSSOVERS/ALL OTH OUTPINT
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 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,299 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

----- MONTHLY AVERAGE ------UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 259 \$ 18,097.34 \$ 69.87 .536 \$ 220.70 \$ 37.47 74 15,348.15 207.41 .153 807.80 31.78 483 ELIGIBLES USERS

@COMMUNITY HOSPITAL TOTAL 82
COMM HOSP INPATIENT TOTAL 19 COMM HOSP OUTPATIENT TOTAL MEDICAL Ω 0 SURGERY 0 0 0 185 0 \$ PATHOLOGY RADIOLOGY RADIOLOGI
ROOM USE CROSSOVERS/ALL OTH OUTPTNT 78 @STATE HOSPITAL 0 MENTALLY ILL 0 DEVELOP. DISABLED @NURSING FACILITY 0 2.0 425 0 0 20 425 0 0 LEV A-INTERMEDIATE LEV B-REHAB MD 0 0 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD ICF DDH ICF DD ICF DDN/DDCN ICF DDN/DDCN 0
@HEMODIALYSIS TOTAL 0
HOSPITAL BASED 0
HEMODIALYSIS CENTER 0
@REHABILITATION FACILITY 0
HOSPITAL BASED 0
INDEPENDENT FACILITY 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 .00 .00 .000 .00 . 00 0 .00 .000 .00 . 00 @LABORATORY FACILITY @ORGANIZED OUTPATIENT CLINIC 98
CLINIC 0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,300 01/29/04

----- MONTHLY AVERAGE -----483 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	113	465 \$	5,893.20	\$ 12.67	.963 \$	52.15	\$ 12.20
DURABLE MED. EQUIP.	4	6	722.46	120.41	.012	180.62	1.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	16	35.77	2.24	.033	17.89	.07
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	16	35.77	2.24	.033	17.89	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	26	310.73	11.95	.054	25.89	.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.002	577.91	1.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	416	4,246.33	10.21	.861	42.46	8.79
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	199	844	\$ 28,898.25	\$ 34.24	1.747	\$ 145.22	\$ 59.83

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,301 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 .00 \$.00 \$ \$ @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 0 .00 .00 DIALYSIS .00 .000 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 **PSYCHIATRY** .00 .000 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 .00 @PHARMACY \$.00 \$.00 .000 .00 \$.00 .00 .00 .00 PRESCRIPTION DRUGS .000 .00 SNF/ICF 0 .00 .00 .000 .00 .00 0 OUTPATIENTS .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 MEDICAL SUPPLIES @DENTIST .00 \$.00 .000 \$.00 \$.00

			• •					
VISITS - DIAGNOSTIC	0	0	.00		.000	.00		.00
ORAL SURGERY	0	0	.00		.000	.00		.00
DRUGS	0	0	.00		.000	.00		.00
ANESTHESIA	0	0	.00		.000	.00		.00
PERIODONTICS	U	U	.00		.000	.00		.00
ENDODONTICS	0	0	.00		.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.000	.00		.00
PROSTHETICS	0	U	.00		.000	.00		.00
DENTURES, STAYPLATES	0	U	.00		.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.000	.00		.00
MAXILLOFACIAL SERVICES	U	U	.00		.000	.00		.00
FRACTURES, DISLOCATIONS	0	U	.00		.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00		.00
ALL OTHER SERVICES	0	0	00.		.000	.00	D.7	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR JAI	N 2003 THRU DI	EC 2003	PA	•
MOP024	FEE-FOR-SERVICE		GIIDDODE DI TND	7 TD (00)	DE 00			01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPORT - BLIND	AID CO			G.E.	
00 ELIGIBLES	HOEDO	INTEG OF GERVICE		ATTERNACE CO.		NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS	COST PER USER		OST PER
@ODTOMETD I CT	0	OR DAYS OF CARE 0	÷ 00	PER UNIT/DA				LIGIBLE
@OPTOMETRIST	0	0	\$.00 .00		.000	\$.00 .00	\$.00 .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00			.00		
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0	.00		.000	.00		.00 .00
	0						<u>ب</u>	
@CHIROPRACTOR VISITS	0	0	\$.00	•	.000 \$		\$.00
OTHER SERVICES	0	0	.00		.000	.00		.00
@PODIATRIST	0		\$.00			\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	•	.000 .	.00	Ą	.00
SURGERY/ANES.	0	0	.00		.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.000	.00		.00
OTHER	0	0	.00		.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00			\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	•		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00 \$.00	•		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00			\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	•		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00			\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	•	.000 .	.00	Ÿ	.00
HSC HOSPITALS	0	0	.00		.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00		.00
ACCOMMODATIONS	0	0	.00		.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.000	.00		.00
ANCILLARIES	0	Ô	.00		.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
HOOD OURDANTEND HORAL	0	0	.00	.00	.000	.00		.00

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HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

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ADMINITORD ARTUR DAVIC	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0					.000			.00
ALL OTHER ACCOM	0	0		.00		.00		.00		
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	U	U		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITUR 'DENTAL	ES MON'	TH-OF-PAYMENT RI	EPORT I	FOR JAN 2	2003 THRU D	EC 2003	PAG	GE 2,303 01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	CES FOR IN HOME	SUPPO	RT - BLIND	7	AID CODE	28			
							MO	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	1		PER U	JNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	'	.00	'	.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	Ô	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOCDITAL DACED	0	0	·r	.00	Ψ.	00	000	00	Τ	.00

HOSPITAL BASED

HOSPITAL BASED INDEPENDENT FACILITY

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

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@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.0	0 .000	\$.00	\$.00
CLINIC	0	0	.00	. 0	0 .000	.00	.00
SURGICENTER	0	0	.00	. 0	0 .000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	. 0		.00	.00
RURAL HEALTH CLINIC	0	0	.00	.0		.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					
			MONIH-OF-PAIMENT R	EPORI FOR U	AN ZUUS IRKU	DEC 2003	PAGE 2,304
MOP024	FEE-FOR-SERVICE						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SU	DABOKI, - BPIND	AID C	ODE 28		
						IONTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAY		COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.0	0 .000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00		0 .000	.00	.00
BLOOD BANK	0	0	.00	. 0		.00	.00
HEARING AID DISPENSERS	0	n	.00	. 0		.00	.00
MEDICAL TRANSPORTATION	0	0	.00	. 0		.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.0		.00	.00
	0	0					
OTHER TRANS	U	U	.00	.0		.00	.00
OTHER SERVICES	0	Ü	.00	. 0		.00	.00
ACUPUNCTURE	0	0	.00	. 0		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	. 0	0 .000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	. 0	0 .000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	. 0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	. 0	0 .000	.00	.00
OPTICIAN	0	0	.00	. 0	0 .000	.00	.00
PHYSICAL THERAPIST	0	0	.00	. 0		.00	.00
PORTABLE X-RAY	0	0	.00	. 0		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0		.00	.00
	0	0	.00	.0		.00	.00
PROSTHETICS	0	0					
ORTHOTICS	U	U	.00	. 0		.00	.00
PSYCHOLOGIST	0	0	.00	.0		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	. 0		.00	.00
HOSPICE SERVICES	0	0	.00	. 0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	. 0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	. 0	0 .000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	. 0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	. 0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	. 0		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0		.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.0		\$.00	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.0		\$.00	
		•		٠. ٧	.000	٥ .00	\$.00
@* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR J	AN 2003 THRU	DEC 2003	PAGE 2,305
MOP024	FEE-FOR-SERVICE						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SU	JPPORT - DISABLED	AID C	ODE 68		
					M	IONTHLY AVERA	GE
253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	226	4,583 \$	201,372.75	\$ 43.9			
@PHYSICIANS SERVICES	53	184 \$	5,978.02	\$ 32.4		\$ 112.79	
OUTPATIENT VISITS	10	10	398.70	39.8		39.87	1.58
OFFICE VISITS	9	9	330.35	36.7		36.71	1.31
HOME VISITS	0	0	.00	.0		.00	.00
HOME ATOTIO	1	1	.00	60 3		60 25	.00

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EMERGENCY ROOM

PREVENTIVE CARE

OTHER OUTPATIENT

INPATIENT VISITS

OB VISITS/COMPRE PERI

HOSPITAL VISITS	2	8	371.91	46.49	.032	185.96	1.47
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	207.10	41.42	.020	51.78	.82
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	1,779.22	593.07	.012	1779.22	7.03
PRINCIPAL SURGEON	1	3	1,779.22	593.07	.012	1779.22	7.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	947.88	315.96	.012	473.94	3.75
PRINCIPAL SURGEON	2	3	947.88	315.96	.012	473.94	3.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	43	351.56	8.18	.170	50.22	1.39

RADIOLOGY	6	11		741.15		67.38	.043		123.53		2.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	37	101		1,180.50		11.69	.399		31.91		4.67
@PHARMACY	200	1,757	\$	111,617.76	\$	63.53	6.945	Ċ	558.09	¢	441.18
			Ą		Ą	129.24		Ą		Ą	
PRESCRIPTION DRUGS	196	856		110,630.39			3.383		564.44		437.27
SNF/ICF	7	80		2,017.47		25.22	.316		288.21		7.97
OUTPATIENTS	189	776		108,612.92		139.97	3.067		574.67		429.30
MEDICAL SUPPLIES	9	901		987.37		1.10	3.561		109.71		3.90
@DENTIST	12	36	\$	1,803.27	\$	50.09	.142	\$	150.27	\$	7.13
VISITS - DIAGNOSTIC	10	20		347.00		17.35	.079		34.70		1.37
ORAL SURGERY	2	2		170.00		85.00	.008		85.00		.67
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.004		55.00		.22
ENDODONTICS	1	1		260.00		260.00	.004		260.00		1.03
RESTORATIVE DENTISTRY	5	7		708.00		101.14	.028		141.60		2.80
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	5		263.27		52.65	.020		131.64		1.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			rc.	MONTH-OF-PAYMENT R	סרתים			חדיר		D	AGE 2,306
MOP024	FEE-FOR-SERVICE		.ലാ	MONTH-OF-PAIMENT R	CEPOR	I FOR UAN	2003 IRKU	DEC	. 2003	P	01/29/04
		'				ATD CODE	C 0				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU	JPPORT - DISABLED		AID CODE				a =	
									HLY AVERA	_	
253 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7	15	\$	304.58	\$	20.31	.059	\$	43.51	\$	1.20
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	6	13		213.23		16.40	.051		35.54		.84
OTHER OPTOMETRIC SERVICES	2	2		91.35		45.68	.008		45.68		.36
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.008	Ś	33.44	Ś	.13
VISITS	_ 1	2	т.	33.44	т.	16.72	.008	- T	33.44	-	.13
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	1	1	\$	51.00	\$	51.00	.004	ب.	51.00	4	.20
@PODIATRIST	1	1	Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	1			51.00		51.00	.004		51.00		.20
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	91	\$	6,158.35	\$	67.67	.360	\$	1231.67	\$	24.34
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2 0	0	Ė	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49	163	Š	31,311.96	\$	192.10		\$	639.02	\$	123.76
HOSP INPATIENT TOTAL	6	22	Y	25,391.41	Y	1154.16	.087	Ÿ	4231.90	Y	100.36
HSC HOSPITALS	1	9		8,010.00		890.00	.036		8010.00		31.66
NON-HSC HOSPITAL TOTAL	1	5		14,049.41		2809.88	.020		14049.41		55.53
ACCOMMODATIONS	1	5		7,187.40		1437.48	.020		7187.40		28.41
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		7,187.40		1437.48	.020		7187.40		28.41
ANCILLARIES	1	0		6,862.01		.00	.000		6862.01		27.12
INPATIENT CROSSOVERS	$\overline{4}$	8		3,332.00		416.50	.032		833.00		13.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	48	141		5,920.55		41.99	.557		123.34		23.40
MEDICAL	3	3		257.34		85.78	.012		85.78		1.02
HEDT CAL	3	3		457.54		05.70	. U 1 2		00.70		⊥.∪∠

SURGERY	1	1		14.32	14.32	.004	14.32	.06
	8	20				.079	26.33	
PATHOLOGY				210.61	10.53			.83
RADIOLOGY	10	31		4,066.23	131.17	.123	406.62	16.07
ROOM USE	3	4		272.69	68.17	.016	90.90	1.08
CROSSOVERS/ALL OTH OUTPTNT	35	82		1,099.36	13.41	.324	31.41	4.35
@COUNTY HOSPITAL TOTAL	0	0	d	·				
	-		\$.00	\$.00	.000	•	•
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	U	Ū		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
	0	0						
ANCILLARIES	Ü	Ü		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00			.00
RADIOLOGY	U	U				.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONT	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRII D	EC 2003	PAGE 2,307
			10111	II OI IIIIIIIII KE	di Olci i Olc Olliv	2005 IIIIO D.	BC 2005	01/29/04
MOP024	FEE-FOR-SERVICE							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR	RT - DISABLED	AID CODE	68		
						MOI	NTHLY AVERA	AGE
253 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	PYAG/PTTMII	COST DER	COST PER
ZJJ EHIGIDHED	OBERD			EXFENDITORES				
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	163	\$	31,311.96	\$ 192.10	.644	\$ 639.02	\$ 123.76
COMM HOSP INPATIENT TOTAL	6	22		25,391.41	1154.16	.087	4231.90	100.36
HSC HOSPITALS	1	9		8,010.00	890.00	.036	8010.00	31.66
	1	, , , , , , , , , , , , , , , , , , ,						
NON-HSC HOSPITALS TOTAL	<u> </u>	5		14,049.41	2809.88	.020	14049.41	55.53
ACCOMMODATIONS	1	5		7,187.40	1437.48	.020	7187.40	28.41
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	n		.00	.00	.000	.00	.00
	1	0						
ALL OTHER ACCOM		5 0		7,187.40	1437.48	.020	7187.40	28.41
ANCILLARIES	1	0		6,862.01	.00	.000	6862.01	27.12
INPATIENT CROSSOVERS	4	8		3,332.00	416.50	.032	833.00	13.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	-							
COMM HOSP OUTPATIENT TOTAL	48	141		5,920.55	41.99	.557	123.34	23.40
MEDICAL	3	3		257.34	85.78	.012	85.78	1.02
SURGERY	1	1		14.32	14.32	.004	14.32	.06
PATHOLOGY	8	20		210.61	10.53	.079	26.33	.83
	10							
RADIOLOGY		31		4,066.23	131.17	.123	406.62	16.07
ROOM USE	3	4		272.69	68.17	.016	90.90	1.08
CROSSOVERS/ALL OTH OUTPTNT	35	82		1,099.36	13.41	.324	31.41	4.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		
	-		Ą		•			•
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	167	\$	20,334.79	\$ 121.77	.660	\$ 6778.26	\$ 80.37
	0		٧					•
LEV A-INTERMEDIATE	-	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
	•							
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	167		20,334.79	121.77	.660	6778.26	80.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	Õ	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00		.00	.000	Ψ.	.00	Ψ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	Ō	\$.00		.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	39	\$	449.30		11.52	.154	\$ 11		\$	1.78
PATHOLOGY	4	39	•	449.30		11.52	.154	. 11	2.33	•	1.78
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	82	157	\$	9,642.80	\$	61.42	.621	\$ 11	7.60	\$	38.11
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	82	157		9,642.80	1	61.42	.621	11	7.60		38.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	ONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU	DEC 200	3	P	AGE 2,308
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPE	PORT - DISABLED		AID CODE	68				
							M	-		_	
253 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	57	1,971	\$	13,687.48		6.94	7.791		0.13	\$	54.10
DURABLE MED. EQUIP.	4	16		7,578.09		473.63	.063	189	4.52		29.95
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	_	.00		.00
MEDICAL TRANSPORTATION	9	33		539.58		16.35	.130		9.95		2.13
AMBULANCES/AIR TRANS	5	17		460.85		27.11	.067		2.17		1.82
OTHER TRANS	1	3		19.84		6.61	.012		9.84		.08
OTHER SERVICES	3	13		58.89		4.53	.051	Τ.	9.63		.23
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	21		.00		.00	.000	0.4	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	0		3,386.72		161.27 .00	.083	84	6.68		13.39 .00
OCCUPATIONAL THERAPIST OPTICIAN	0	15		.00 209.45		13.96	.059	2	4.91		.83
PHYSICAL THERAPIST	0	12		209.45		.00	.000	3	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGI	0	0		.00		.00	.000		.00		.00

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.
PED SUBACUTE REHAB/WEANING

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,309
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

0

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1,886

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

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1,973.64

7,802.28

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1.067 \$

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192.00 \$

130.04 \$

51.94

----- MONTHLY AVERAGE -----

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7.80

30.84

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	639	9,153 \$	423,901.99	\$ 46.31	12.436	\$ 663.38	\$ 575.95
@PHYSICIANS SERVICES	136	375 \$	9,398.55	\$ 25.06	.510		\$ 12.77
OUTPATIENT VISITS	11	11	480.10	43.65	.015	43.65	.65
	10	10	411.75	41.18	.013	41.18	
OFFICE VISITS							.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	Š	13	579.01	44.54	.018	115.80	.79
HOSPITAL VISITS	2	8	371.91	46.49		185.96	
					.011		.51
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	207.10	41.42	.007	51.78	. 28
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.001	81.73	.11
EXAMINATIONS	1	1	81.73	81.73	.001	81.73	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	1,779.22	593.07	.004	1779.22	2.42
	1	2	1,779.22	593.07	.004	1779.22	2.42
PRINCIPAL SURGEON	0	3					
ASSISTANT SURGEON	_	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	947.88	315.96	.004	473.94	1.29
PRINCIPAL SURGEON	2	3	947.88	315.96	.004	473.94	1.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	43	351.56	8.18	.058	50.22	
	7						.48
RADIOLOGY	6	11	741.15	67.38	.015	123.53	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	119	290	4,437.90	15.30	.394	37.29	6.03
@PHARMACY	559	4,682 \$	247,854.99	\$ 52.94	6.361	\$ 443.39	\$ 336.76
PRESCRIPTION DRUGS	551	2,769	244,299.29	88.23	3.762	443.37	331.93
SNF/ICF	19	182	7,602.94	41.77	.247	400.15	10.33
OUTPATIENTS	534	2,587	236,696.35	91.49	3.515	443.25	321.60
	48	1,913		1.86	2.599	74.08	4.83
MEDICAL SUPPLIES		•	3,555.70				
@DENTIST	16	63 \$	2,420.27	\$ 38.42	.086	•	•
VISITS - DIAGNOSTIC	12	34	437.00	12.85	.046	36.42	.59
ORAL SURGERY	3	6	329.00	54.83	.008	109.67	.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	110.00	55.00	.003	55.00	.15
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.35
RESTORATIVE DENTISTRY	_ 5	7	708.00	101.14	.010	141.60	.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0						
DENTURES, STAYPLATES	4	13	576.27	44.33	.018	144.07	.78
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M			2003 THRII D	EC 2003	PAGE 2,310
MOP024	FEE-FOR-SERVICE		014111 01 1111111111111 101	DI ORT I OR OTH	2003 IIII0 D.	16 2005	01/29/04
DEL NORTE COUNTY		VICES FOR IN HOME SUP	דַרִייִת ב דַרִייִת ד				01/25/01
DEL NORIE COUNTI	SUMMARI OF SERV	TCES FOR IN HOME SUP	PORT - TOTAL		MOI	א מייינוד אל אזוייים	CE
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736 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	11	26 \$	532.67	\$ 20.49	.035	\$ 48.42	\$.72
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	10	23	393.87	17.12	.031	39.39	.54
OTHER OPTOMETRIC SERVICES	2	2	91.35	45.68	.003	45.68	.12
	_	=					

@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.003	\$ 33.44	\$.05
VISITS	1	2	33.44	16.72	.003	33.44	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	15	\$ 199.63	\$ 13.31	.020	\$ 16.64	\$.27
MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	14	148.63	10.62	.019	13.51	.20
@HOME HEALTH AGENCY	5	91	\$ 6,158.35	\$ 67.67	.124	\$ 1231.67	\$ 8.37
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	131	422	\$ 49,409.30	\$ 117.08	.573	\$ 377.17	\$ 67.13
HOSP INPATIENT TOTAL	25	96	40,739.56	424.37	.130	1629.58	55.35
HSC HOSPITALS	1	9	8,010.00	890.00	.012	8010.00	10.88

NON-HSC HOSPITAL TOTAL	1	5		14,049.41	2809.88	.007	14049.41	19	.09
ACCOMMODATIONS	1	5		7,187.40	1437.48	.007	7187.40	9	.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	5		7,187.40	1437.48	.007	7187.40		.77
ANCILLARIES	1	0		6,862.01	.00	.000	6862.01		.32
INPATIENT CROSSOVERS	23	82		18,680.15	227.81	.111	812.18		.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	126	326		8,669.74	26.59	.443	68.81		.78
MEDICAL	3	3		257.34	85.78	.004	85.78		.35
SURGERY	1	1		14.32	14.32	.001	14.32		.02
PATHOLOGY	8	20		210.61	10.53	.027	26.33		.29
RADIOLOGY	10	31		4,066.23	131.17	.042	406.62	5	.52
ROOM USE	3	4		272.69	68.17	.005	90.90		.37
CROSSOVERS/ALL OTH OUTPTNT	113	267		3,848.55	14.41	.363	34.06	5	.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
	MEDI-CAL SERVICES A	ND EXPENDITUR	RES MONT	TH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE	
MOP024	FEE-FOR-SERVICE/DEN							01/	29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR IN HOME	SUPPOR	RT - TOTAL					
							ONTHLY AVERA		
726 ETTCTDIEC	TICEDC TINT	TO OF CEDITOR	7	EADEMDILLIDEG	ATTEDACE COC	T TINTTTC / DAV	C COCT DED	COCT	סיזת

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736 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	422	\$ 49,409.30	\$ 117.08	.573	\$ 377.17	\$	67.13
COMM HOSP INPATIENT TOTAL	25	96	40,739.56	424.37	.130	1629.58		55.35
HSC HOSPITALS	1	9	8,010.00	890.00	.012	8010.00		10.88
NON-HSC HOSPITALS TOTAL	1	5	14,049.41	2809.88	.007	14049.41		19.09
ACCOMMODATIONS	1	5	7,187.40	1437.48	.007	7187.40		9.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	5	7,187.40	1437.48	.007	7187.40		9.77
ANCILLARIES	1	0	6,862.01	.00	.000	6862.01		9.32
INPATIENT CROSSOVERS	23	82	18,680.15	227.81	.111	812.18		25.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	126	326	8,669.74	26.59	.443	68.81		11.78
MEDICAL	3	3	257.34	85.78	.004	85.78		.35
SURGERY	1	1	14.32	14.32	.001	14.32		.02
PATHOLOGY	8	20	210.61	10.53	.027	26.33		.29
RADIOLOGY	10	31	4,066.23	131.17	.042	406.62		5.52
ROOM USE	3	4	272.69	68.17	.005	90.90		.37
CROSSOVERS/ALL OTH OUTPINT	113	267	3,848.55	14.41	.363	34.06		5.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00

@NURSING FACILITY	23	592	\$	67,485.72	\$	114.00	.804	\$	2934.16	\$	91.69
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	592		67,485.72		114.00	.804		2934.16		91.69
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	45	\$	493.14	\$	10.96	.061	\$	70.45	\$.67
PATHOLOGY	7	45		493.14		10.96	.061		70.45		.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	180	404	\$	20,335.25	\$	50.33	.549	\$	112.97	\$	27.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	180	404		20,335.25		50.33	.549		112.97		27.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PF	AGE 2,312
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HON	ME SUPPORT	- TOTAL							
								MONT:	HLY AVERA	.GE -	

						ITHLI AVERAG	
736 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	170	2,436 \$	19,580.68	\$ 8.04	3.310 \$		\$ 26.60
DURABLE MED. EQUIP.	8	22	8,300.55	377.30	.030	1037.57	11.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	49	575.35	11.74	.067	52.30	.78
AMBULANCES/AIR TRANS	5	17	460.85	27.11	.023	92.17	.63
OTHER TRANS	1	3	19.84	6.61	.004	19.84	.03
OTHER SERVICES	5	29	94.66	3.26	.039	18.93	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	21	3,386.72	161.27	.029	846.68	4.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	520.18	12.69	.056	28.90	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.001	577.91	.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	2,302	6,219.97	2.70	3.128	45.07	8.45
@CALIF. CHILDREN SERVICES*	1	5 \$	192.00	\$ 38.40	.007 \$	192.00	\$.26

@XOVER EXCLUDING STATE HOSP** 259 1,114 \$ 36,700.53 \$ 32.94 1.514 \$ 141.70 \$ 49.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,313 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASS	SISTANCE - AGED				~-
2 156					MON		
3,156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,486	39,121 \$	965,232.44	\$ 24.67	12.396 \$	388.27	\$ 305.84
@PHYSICIANS SERVICES	423	1,080 \$	18,715.13	\$ 17.33	.342 \$	44.24	\$ 5.93
OUTPATIENT VISITS	8	9	345.70	38.41	.003	43.21	.11
OFFICE VISITS	8	9	345.70	38.41	.003	43.21	.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OUTPATIENT	0		.00	.00	.000	.00	.00
INPATIENT VISITS		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.000	81.73	.03
EXAMINATIONS	1	1	81.73	81.73	.000	81.73	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		.00
DIALYSIS	0			.00		.00	
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	418	1,070	18,287.70	17.09	.339	43.75	5.79
@PHARMACY	2,151	25,256 \$	669,193.38	\$ 26.50	8.003 \$		\$ 212.04
PRESCRIPTION DRUGS	2,116	8,650	651,408.72	75.31	2.741	307.85	206.40
SNF/ICF	41	266	17,588.93	66.12	.084	429.00	5.57
OUTPATIENTS	2,077	8,384	633,819.79	75.60	2.657	305.16	200.83
MEDICAL SUPPLIES	220	16,606	17,784.66	1.07	5.262	80.84	5.64
@DENTIST	43	135 \$	7,292.00	\$ 54.01	.043 \$	169.58	\$ 2.31
VISITS - DIAGNOSTIC	24	63	754.00	11.97	.020	31.42	.24
ORAL SURGERY	9	37	1,915.00	51.76	.012	212.78	.61
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.02
ENDODONTICS	3	3	215.00	71.67	.001	71.67	.07
	2	4	55.00	13.75	.001	27.50	.07
RESTORATIVE DENTISTRY	1	1		30.00			
PROSTHETICS			30.00		.000	30.00	.01
DENTURES, STAYPLATES	12	23	4,268.00	185.57	.007	355.67	1.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 2,314 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

DEL NORTE COUNTY	SUMMARY OF SERV	CICES FOR PUBLIC ASSIS	TANCE - AGED				_
					MONT		
3,156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	53	127 \$	2,650.18	\$ 20.87	.040 \$	50.00 \$.84
DIAGNOSTIC AND ANC. PROCED	11	10	474.50	47.45	.003	43.14	.15
EYE APPLIANCES	41	113	1,929.58	17.08	.036	47.06	.61
OTHER OPTOMETRIC SERVICES	7	4	246.10	61.53	.001	35.16	.08
@CHIROPRACTOR	2	6 \$	23.01	\$ 3.84	.002 \$	11.51 \$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	6	23.01	3.84	.002	11.51	.01
@PODIATRIST	74	107 \$	1,405.45	\$ 13.14	.034 \$	18.99 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	74	107	1,405.45	13.14	.034	18.99	.45
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE ANESTHESIST	1	3 \$	30.45	\$ 10.15	.001 \$	30.45	
	0	0 \$		\$.00	•		
NURSE MIDWIFE	•	0 \$ 0 \$.00			.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$					
FAMILY NURSE PRACTITIONER	-	- 1	.00	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	340	1,031 \$	60,471.26	\$ 58.65	.327 \$	177.86 \$	
HOSP INPATIENT TOTAL	60	205	48,893.30	238.50	.065	814.89	15.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	60	205	48,893.30	238.50	.065	814.89	15.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	329	826	11,577.96	14.02	.262	35.19	3.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	7.70	7.70	.000	7.70	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	328	825	11,570.26	14.02	.261	35.28	3.67
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MO					PAGE 2,315
"CTITE DELI OL HEMITH DEKV		LL CHAP LIST LIND I TOKED MO	TITL OF LATREMA KE	LI SICI I SIC UAIN	TITC DEC	2005	2,313

					MO	NTHLY AVERA	GE	
3,156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	340	1,031	\$ 60,471.26	\$ 58.65	.327	\$ 177.86	\$	19.16
COMM HOSP INPATIENT TOTAL	60	205	48,893.30	238.50	.065	814.89		15.49
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	60	205	48,893.30	238.50	.065	814.89		15.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	329	826		11,577.96		14.02	.262		35.19		3.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		7.70		7.70	.000		7.70		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	328	825		11,570.26		14.02	.261		35.28		3.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	52	1,064	\$	126,429.81	\$	118.83	.337	\$	2431.34	\$	40.06
LEV A-INTERMEDIATE	0	. 0	·	.00	•	.00	.000	•	.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	52	1,064		126,429.81		118.83	.337		2431.34		40.06
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000	-	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$	389.79	.001	\$	779.57	\$.25
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2		779.57		389.79	.001		779.57		.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	22	\$	231.65	\$	10.53	.007	\$	13.63	\$.07
PATHOLOGY	13	18		209.14		11.62	.006		16.09		.07
XO AND OTHERS	4	4		22.51		5.63	.001		5.63		.01
@ORGANIZED OUTPATIENT CLINIC	566	968	\$	46,810.94	\$	48.36	.307	\$	82.70	\$	14.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	566	968		46,810.94		48.36	.307		82.70		14.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MC	NTH-OF-PAYMENT RE	EPOR1	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,316
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR PUBLIC	C ASSIS	STANCE - AGED							
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							-
3,156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	504	9,320 \$	31,199.61	\$ 3.35	2.953 \$	61.90	\$ 9.89
DURABLE MED. EQUIP.	15	50	2,580.62	51.61	.016	172.04	.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	385.07	385.07	.000	385.07	.12
MEDICAL TRANSPORTATION	20	1,197	2,116.51	1.77	.379	105.83	.67
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	9	1,106	1,843.94	1.67	.350	204.88	.58
OTHER SERVICES	11	91	272.57	3.00	.029	24.78	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	83	179	2,378.89	13.29	.057	28.66	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.000	3.86	.00
PROSTHETICS	1	1	3.86	3.86	.000	3.86	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	15	4,199.57	2	79.97	.005	323.04	1.33
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	395	7,877	19,535.09		2.48	2.496	49.46	6.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	987	7,142	\$ 111,868.17	\$	15.66	2.263	\$ 113.34	\$ 35.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,317

01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					MONT	THLY AVERAG	E
383 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	320	13,999 \$	269,470.02	\$ 19.25	36.551 \$	842.09	\$ 703.58
@PHYSICIANS SERVICES	77	153 \$	9,274.08	\$ 60.61	.399 \$	120.44	\$ 24.21
OUTPATIENT VISITS	26	35	1,463.03	41.80	.091	56.27	3.82
OFFICE VISITS	23	29	1,084.45	37.39	.076	47.15	2.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	378.58	63.10	.016	94.65	.99
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	249.33	49.87	.013	49.87	.65
EXAMINATIONS	5	5	249.33	49.87	.013	49.87	.65
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	340.65	113.55	.008	113.55	.89
PRINCIPAL SURGEON	3	3	340.65	113.55	.008	113.55	.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	90.65	45.33	.005	45.33	.24
RADIOLOGY	14	16	431.68	26.98	.042	30.83	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	24	5,635.56	234.82	.063	1408.89	14.71
OTHER SERVICES/ALL X-OVERS	44	68	1,063.18	15.64	.178	24.16	2.78
@PHARMACY	274	11,569 \$	92,362.93	\$ 7.98	30.206 \$	337.09	
PRESCRIPTION DRUGS	267	1,135	82,575.62	72.75	2.963	309.27	215.60
SNF/ICF	24	206	9,921.47	48.16	.538	413.39	25.90
OUTPATIENTS	244	929	72,654.15	78.21	2.426	297.76	189.70
MEDICAL SUPPLIES	67	10,434	9,787.31	.94	27.243	146.08	25.55
@DENTIST	8	26 \$	966.00	\$ 37.15	.068 \$	120.75	
VISITS - DIAGNOSTIC	5	14	345.00	24.64	.037	69.00	.90
ORAL SURGERY	2	3	215.00	71.67	.008	107.50	.56
DRUGS	1	3	45.00	15.00	.008	45.00	.12
ANESTHESIA	1	1	100.00	100.00	.003	100.00	. 26
THIBUTA	T	±.	100.00	100.00	.005	100.00	. 20

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.005	96.00	.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	165.00	55.00	.008	55.00	.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,318
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES H	FOR PUBLIC ASSIS	TANCE - BLIND				
					MONTH	TT 37 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	T

DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR	PUBLIC A	ASSIST	TANCE - BLIND							
								M	ГИО	THLY AVERA	GE	
383 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	8		20	\$	712.00	\$	35.60	.052	\$	89.00	\$	1.86
DIAGNOSTIC AND ANC. PROCED	3		3		117.49		39.16	.008		39.16		.31
EYE APPLIANCES	6		17		594.51		34.97	.044		99.09		1.55
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2		3	\$	50.16	\$	16.72	.008	\$	25.08	\$.13
VISITS	1		1		16.72		16.72	.003		16.72		.04
OTHER SERVICES	1		2		33.44		16.72	.005		33.44		.09
@PODIATRIST	5		2 5 2	\$	106.91	\$	21.38	.013	\$	21.38	\$.28
MEDICINE/INJECTIONS	2		2		96.71		48.36	.005		48.36		.25
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	3		3		10.20		3.40	.008		3.40		.03
@HOME HEALTH AGENCY	1		1	\$	37.43	\$	37.43	.003	\$	37.43	\$.10
NURSE ANESTHESIST	2		8	\$	175.66	\$	21.96	.021	\$	87.83	\$.46
NURSE MIDWIFE	0		3 1 8 0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	Ō		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	71		542	\$	38,771.18	\$	71.53		\$	546.07	\$	101.23
HOSP INPATIENT TOTAL	9		40		27,248.00		681.20	.104		3027.56		71.14
HSC HOSPITALS	2		8		13,506.00		1688.25	.021		6753.00		35.26
NON-HSC HOSPITAL TOTAL	2		10		9,570.00		957.00	.026		4785.00		24.99
ACCOMMODATIONS	2		10		9,570.00		957.00	.026		4785.00		24.99
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		10		9,570.00		957.00	.026		4785.00		24.99
ANCILLARIES	2		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5		22		4,172.00		189.64	.057		834.40		10.89
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	68		502		11,523.18		22.95	1.311		169.46		30.09
MEDICAL	20		48		2,301.18		47.94	.125		115.06		6.01
SURGERY	8		11		694.94		63.18	.029		86.87		1.81
PATHOLOGY	19		157		2,103.57		13.40	.410		110.71		5.49
RADIOLOGY	22		30		1,578.84		52.63	.078		71.77		4.12
ROOM USE	28		48		1,666.60		34.72	.125		59.52		4.35
CROSSOVERS/ALL OTH OUTPTNT	47		208		3,178.05		15.28	.543		67.62		8.30
@COUNTY HOSPITAL TOTAL	1		3	\$	4,056.00	\$	1352.00	.008	\$	4056.00	\$	10.59
CO HOSPITAL INPATIENT TOTAL	1		3		4,056.00		1352.00	.008		4056.00		10.59
HSC HOSPITALS	1		3		4,056.00		1352.00	.008		4056.00		10.59
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DEC	2003	PAGE 2,319
MOP024	FEE-FOR-SERVICE/DEN	JTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASS	ISTANCE - BLIND				

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC AS:	SISTANCE - BLIND							
						M			GE	
383 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	539 \$	34,715.18	\$	64.41	1.407	\$	488.95	\$	90.64
COMM HOSP INPATIENT TOTAL	8	37	23,192.00		626.81	.097		2899.00		60.55
HSC HOSPITALS	1	5	9,450.00		1890.00	.013		9450.00		24.67
NON-HSC HOSPITALS TOTAL	2	10	9,570.00		957.00	.026		4785.00		24.99
ACCOMMODATIONS	2	10	9,570.00		957.00	.026		4785.00		24.99
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10	9,570.00		957.00	.026		4785.00		24.99
ANCILLARIES	2	539 \$ 37 5 10 10 0 0 10 0 22 0 502 48 11	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	22	4,172.00		189.64	.057		834.40		10.89
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	502	11,523.18		22.95	1.311		169.46		30.09
MEDICAL	20	48	2,301.18		47.94	.125		115.06		6.01
SURGERY	8	11	694.94		63.18	.029		86.87		1.81
PATHOLOGY	0 19	157	2,103.57		13.40	.410		110.71		5.49
	22									
RADIOLOGY		30	1,578.84		52.63	.078		71.77		4.12
ROOM USE	28 47	48	1,666.60		34.72	.125		59.52		4.35
CROSSOVERS/ALL OTH OUTPTNT		208	3,178.05		15.28	.543	_	67.62		8.30
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	25	806 \$	100,493.45	\$	124.68	2.104	\$	4019.74	\$	262.38
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	25	806	100,493.45		124.68	2.104		4019.74		262.38
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	33 \$	522.77	\$	15.84	.086	Ġ	52.28	Ś	1.36
PATHOLOGY	10	33	522.77	т.	15.84	.086	т.	52.28	-	1.36
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	82	130 \$	10,046.07	\$	77.28	.339	Ś	122.51	Ś	26.23
CLINIC	0	0	.00	~	.00	.000	~	.00	~	.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
IIIII DIIOII CIIIIIC	J	Ŭ	.00		.00	.000		.00		.00

RURAL HEALTH CLINIC	82		130		10,046.07	77.28	.339	122.51		26.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	ENDITUR	ES 1	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DE	C 2003	PA	GE 2,320
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	PUBLIC	ASS:	ISTANCE - BLIND					
							MON	THLY AVERA	GE -	
383 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	C	OST PER
		OR DAYS (OF CARE			PER UNIT/DAY	Y PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	62		703	\$	15,951.38	\$ 22.69	1.836 \$	257.28	\$	41.65
DURABLE MED. EQUIP.	3		22		6,291.15	285.96	.057	2097.05		16.43
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	19		344		5,344.48	15.54	.898	281.29		13.95
AMBULANCES/AIR TRANS	12		266		3,421.03	12.86	.695	285.09		8.93
OTHER TRANS	5		36		284.22	7.90	.094	56.84		.74
OTHER SERVICES	3		42		1,639.23	39.03	.110	546.41		4.28
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00

0	0		.00	.00	.000	.00	.00
1	1		105.00	105.00	.003	105.00	.27
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
13	31		1,595.28	51.46	.081	122.71	4.17
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	2		264.56	132.28	.005	132.28	.69
2	2		264.56	132.28	.005	132.28	.69
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3	4		140.08	35.02	.010	46.69	.37
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3	9		55.08	6.12	.023	18.36	.14
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
24	290		2,155.75	7.43	.757	89.82	5.63
17	502	\$	30,183.66	\$ 60.13	1.311	\$ 1775.51	\$ 78.81
81	1,685	\$	17,852.34	\$ 10.59	4.399	\$ 220.40	\$ 46.61
	17	17 502	17 502 \$	1 1 105.00 0 0 .00 13 31 1,595.28 0 0 .00 0 0 .00 0 0 .00 2 2 264.56 0 0 .00 0 0 .00 3 4 140.08 0 0 .00 3 9 55.08 0 0 .00 0 0 .00 0 0 .00 0 0 .00 24 290 2,155.75 17 502 \$ 30,183.66	1 1 105.00 105.00 0 0 .00 .00 0 0 .00 .00 13 31 1,595.28 51.46 0 0 .00 .00 0 0 .00 .00 2 2 264.56 132.28 2 2 264.56 132.28 0 0 .00 .00 0 0 .00 .00 3 4 140.08 35.02 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 .00 .00 .00 0 .00 .00 .00	1 1 105.00 105.00 .003 0 0 .00 .00 .000 0 0 .00 .00 .000 13 31 1,595.28 51.46 .081 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 2 2 264.56 132.28 .005 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000	1 1 105.00 105.00 .00 <td< td=""></td<>

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,321

MONITURE ATTENDACE

01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MO	NTHLY AVERA	GE
21,042 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16,846	460,390	\$	12,632,542.05	\$ 27.44	21.880	\$ 749.88	\$ 600.35
@PHYSICIANS SERVICES	3,232	9,228	\$	380,856.12	\$ 41.27	.439	\$ 117.84	\$ 18.10
OUTPATIENT VISITS	1,372	1,959		70,070.42	35.77	.093	51.07	3.33
OFFICE VISITS	1,265	1,777		61,485.80	34.60	.084	48.61	2.92
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	96	119		6,535.36	54.92	.006	68.08	.31
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	27		936.84	34.70	.001	156.14	.04
OTHER OUTPATIENT	33	36		1,112.42	30.90	.002	33.71	.05
INPATIENT VISITS	138	532		28,914.40	54.35	.025	209.52	1.37
HOSPITAL VISITS	128	430		19,270.66	44.82	.020	150.55	.92
CRITICAL CARE	19	89		9,064.94	101.85	.004	477.10	.43
SNF/ICF/TRANS IP CARE	9	13		578.80	44.52	.001	64.31	.03
OPHTHALMOLOGICAL SERVICES	131	156		6,500.02	41.67	.007	49.62	.31
EXAMINATIONS	131	156		6,500.02	41.67	.007	49.62	.31
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	114	446		59,888.94	134.28	.021	525.34	2.85
PRINCIPAL SURGEON	99	154		52,931.95	343.71	.007	534.67	2.52
ASSISTANT SURGEON	7	7		1,497.29	213.90	.000	213.90	.07
ANESTHESIOLOGIST	17	285		5,459.70	19.16	.014	321.16	.26
OUTPATIENT SURGERY	369	721		91,782.98	127.30	.034	248.73	4.36
PRINCIPAL SURGEON	356	507		87,868.57	173.31	.024	246.82	4.18
ASSISTANT SURGEON	1	1		133.78	133.78	.000	133.78	.01
ANESTHESIOLOGIST	22	213		3,780.63	17.75	.010	171.85	.18
DIALYSIS	12	33		2,841.08	86.09	.002	236.76	.14
PATHOLOGY	401	919		13,573.23	14.77	.044	33.85	.65
RADIOLOGY	644	1,032		34,046.63	32.99	.049	52.87	1.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	52	103		9,981.68	96.91	.005	191.96	.47
OTHER SERVICES/ALL X-OVERS	1,316	3,327		63,256.74	19.01	.158	48.07	3.01

@PHARMACY	14,229 20	01,231	\$ 6,	670,594.22	\$	33.15	9.563	\$	468.80	\$	317.01
PRESCRIPTION DRUGS	14,097	50,488	6,	534,573.83		108.03	2.875		463.54		310.55
SNF/ICF	95	992		63,413.70		63.93	.047		667.51		3.01
OUTPATIENTS	14,012	59,496	6,	471,160.13		108.77	2.827		461.83		307.54
MEDICAL SUPPLIES	1,136	10,743		136,020.39		.97	6.689		119.74		6.46
@DENTIST	361	1,628	\$	90,943.61	\$	55.86	.077	\$	251.92	\$	4.32
VISITS - DIAGNOSTIC	239	686		9,702.70		14.14	.033		40.60		.46
ORAL SURGERY	82	602		35,070.37		58.26	.029		427.69		1.67
DRUGS	4	4		25.00		6.25	.000		6.25		.00
ANESTHESIA	33	33		3,300.00		100.00	.002		100.00		.16
PERIODONTICS	13	14		1,013.00		72.36	.001		77.92		.05
ENDODONTICS	8	10		2,130.00		213.00	.000		266.25		.10
RESTORATIVE DENTISTRY	86	150		9,831.00		65.54	.007		114.31		.47
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	60	118		29,871.54		253.15	.006		497.86		1.42
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	11		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-O	F-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,322
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	ASSISTANCE	- DISABLED							
								. O . T . T . T		~=	

----- MONTHLY AVERAGE -----USERS 21,042 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 676 @OPTOMETRIST 1,788 40,565.15 22.69 .085 \$ 60.01 \$ 1.93 DIAGNOSTIC AND ANC. PROCED 372 16,279.24 43.76 .018 44.97 .77 EYE APPLIANCES 1,394 23,166.85 16.62 .066 43.63 1.10 OTHER OPTOMETRIC SERVICES 22 1,119.06 50.87 .001 44.76 .05 @CHIROPRACTOR 209 436 7,080.97 16.24 .021 \$ 33.88 .34 403 VISITS 186 6,612.76 16.41 .019 35.55 .31 OTHER SERVICES 468.21 14.19 .002 20.36 .02 @PODTATRIST 217 347 8,905.13 25.66 41.04 \$.016 \$.42 MEDICINE/INJECTIONS 130 158 4,152.85 26.28 .008 31.95 .20 SURGERY/ANES. 3 4 616.16 154.04 .000 205.39 .03 RADIO./PATHOLOGY 14 24 416.92 17.37 29.78 .02 .001 OTHER 161 3,719.20 23.10 .008 41.79 .18 @HOME HEALTH AGENCY 115 741 47,540.88 64.16 .035 \$ 413.40 2.26 149 868 14,124.36 16.27 .041 \$ 94.79 NURSE ANESTHESIST .67 NURSE MIDWIFE 8 14 2,588.00 \$ 184.86 .001 \$ 323.50 Ġ .12 0 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 0 .000 \$ FAMILY NURSE PRACTITIONER 0 .00 .00 .00 Ś .00 @TOTAL HOSPITAL 3,782 18,959 3,187,396.04 168.12 .901 \$ 842.78 151.48 1710.19 HOSP INPATIENT TOTAL 350 1,544 2,640,526.69 .073 7544.36 125.49 21 140 193,617.01 1382.98 .007 9219.86 9.20 HSC HOSPITALS 215 1,038 2,354,130.59 2267.95 .049 10949.44 111.88 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 214 1,038 781,077.16 752.48 .049 3649.89 37.12 78 18 231.30 1002.30 .86 ADMINISTRATIVE DAYS 18,041.40 .004 0 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 .00 ALL OTHER ACCOM 204 960 763,035.76 794.83 .046 3740.37 36.26 ANCILLARIES 215 0 1,573,053.43 .000 7316.53 74.76 .00 INPATIENT CROSSOVERS 117 366 92,779.09 253.49 792.98 4.41 .017 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 546,869.35 HOSP OUTPATIENT TOTAL 3,646 17,415 31.40 .828 149.99 25.99 1,157 1,997 120,782.02 60.48 .095 104.39 5.74 MEDICAL SURGERY 277 365 20,053.92 54.94 .017 72.40 .95 1,266 5,909 70,801.75 PATHOLOGY 11.98 .281 55.93 3.36 1,373 2,143 156,189.51 72.88 .102 RADIOLOGY 113.76 7.42 1,994 ROOM USE 1,286 81,293.39 40.77 .095 63.21 3.86

CROSSOVERS/ALL OTH OUTPTNT	1,881	5,007		97,748.76		19.52	.238		51.97		4.65
@COUNTY HOSPITAL TOTAL	11	67	\$	9,300.18	\$	138.81	.003	\$	845.47	\$.44
CO HOSPITAL INPATIENT TOTAL	3	7		7,570.01		1081.43	.000		2523.34		.36
HSC HOSPITALS	3	7		7,570.01		1081.43	.000		2523.34		.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17		28.84	.003		192.24		.08
MEDICAL	2	3		128.95		42.98	.000		64.48		.01
SURGERY	1	1		5.81		5.81	.000		5.81		.00
PATHOLOGY	3	23		322.53		14.02	.001		107.51		.02
RADIOLOGY	1	3		382.52		127.51	.000		382.52		.02
ROOM USE	5	8		282.12		35.27	.000		56.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	22		608.24		27.65	.001		101.37		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF	-PAYMENT R	EPOR:	T FOR JAN	2003 THRU	DEC	2003	PAGE	2,323
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	ASSISTANCE	- DISABLED							

----- MONTHLY AVERAGE -----

21,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,777	18,892	\$ 3,178,095.86	\$ 168.22	.898	\$ 841.43	\$	151.04
COMM HOSP INPATIENT TOTAL	348	1,537	2,632,956.68	1713.05		7565.97		125.13
HSC HOSPITALS	18	133	186,047.00	1398.85	.006	10335.94		8.84
NON-HSC HOSPITALS TOTAL	215	1,038		2267.95		10949.44		111.88
ACCOMMODATIONS		1,038	781,077.16	752.48	.049	3649.89		37.12
ADMINISTRATIVE DAYS		78	18,041.40	231.30	.004	1002.30		.86
TRANSITIONAL IP CARE		0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	204	960	763,035.76	794.83	.046	3740.37		36.26
ANCILLARIES	215	0	1,573,053.43	.00	.000	7316.53		74.76
INPATIENT CROSSOVERS	117	366	92,779.09	253.49		792.98		4.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,641	17,355	545,139.18	31.41	.825	149.72		25.91
MEDICAL	1,155	1,994	120,653.07	60.51	.095	104.46		5.73
SURGERY	277	364	20,048.11	55.08		72.38		.95
PATHOLOGY	1,264	5,886	70,479.22	11.97		55.76		3.35
RADIOLOGY		2,140		72.81		113.48		7.40
ROOM USE	1,283	1,986		40.79	.094	63.14		3.85
CROSSOVERS/ALL OTH OUTPTNT	1,877	4,985		19.49		51.75		4.62
@STATE HOSPITAL	7	285	\$ 139,288.43	\$ 488.73	.014	\$ 19898.35	\$	6.62
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	7	285		488.73	.014	19898.35		6.62
@NURSING FACILITY	58	1,862	\$ 242,108.07	•		\$ 4174.28	\$	11.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	40	22,126.00	553.15	.002	22126.00		1.05
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	57	1,822	219,982.07	120.74	.087	3859.33		10.45
@INTERMEDIATE CARE FACILDD	0	0	\$	\$.00	.000		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.000	.00		.00
@HEMODIALYSIS TOTAL	54	•	\$ 63,389.02	•		\$ 1173.87	\$	3.01
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	54	1,547	63,389.02	40.98	.074	1173.87		3.01

@REHABILITATION FACILITY	32	202	\$	5,124.39	\$	25.37	.010	Ś	160.14	\$. 24
HOSPITAL BASED	32	202		5,124.39	•	25.37	.010	•	160.14		. 24
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,465	5,388	\$	73,947.35	\$	13.72	.256	\$	50.48	\$	3.51
PATHOLOGY	1,460	5,371		73,808.38		13.74	.255		50.55		3.51
XO AND OTHERS	5	17		138.97		8.17	.001		27.79		.01
@ORGANIZED OUTPATIENT CLINIC	6,915	11,680	\$	1,076,512.63	\$	92.17	.555	\$	155.68	\$	51.16
CLINIC	15	41		1,549.20		37.79	.002		103.28		.07
SURGICENTER	0	0		85.00CR		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,907	11,639		1,075,048.43		92.37	.553		155.65		51.09
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,324
MOP024	FEE-FOR-SERVICE/I										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVIC	CES FOR PUBLIC	ASS]	ISTANCE - DISABLED							
								-	HLY AVERA	-	
21,042 ELIGIBLES		NITS OF SERVICE	_	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE	:		PER	R UNIT/DAY			USER	. 1	ELIGIBLE
@ALL OTHER PROVIDERS	2,625	204,186	\$	581,577.68	\$	2.85	9.704	\$	221.55	\$	27.64

21,042 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	2,625	204,186	\$	581,577.68	\$ 2.85	9.704	\$ 221.55	\$	27.64
DURABLE MED. EQUIP.	216	543		117,162.61	215.77	.026	542.42		5.57
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	7	11		1,717.74	156.16	.001	245.39		.08
MEDICAL TRANSPORTATION	552	102,142		258,862.81	2.53	4.854	468.95		12.30
AMBULANCES/AIR TRANS	439	8,461		96,041.86	11.35	.402	218.77		4.56
OTHER TRANS	89	93,390		139,765.53	1.50	4.438	1570.40		6.64
OTHER SERVICES	47	291		23,055.42	79.23	.014	490.54		1.10
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25		.00
ADULT DAY HEALTH CARE CTR	12	251		17,386.21	69.27	.012	1448.85		.83
GENETIC DISEASE TESTING	7	7		735.00	105.00	.000	105.00		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	10	52		8,510.69	163.67	.002	851.07		.40
OCCUPATIONAL THERAPIST	2	16		304.48	19.03	.001	152.24		.01
OPTICIAN	599	1,364		16,832.03	12.34	.065	28.10		.80
PHYSICAL THERAPIST	198	1,677		26,115.01	15.57	.080	131.89		1.24
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	41	136		16,984.42	124.89	.006	414.25		.81
PROSTHETICS	41	136		16,984.42	124.89	.006	414.25		.81
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	26	44		4,943.80	112.36	.002	190.15		.23
HOSPICE SERVICES	0	0		310.78	.00	.000	.00		.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	285	6,359		50,373.35	7.92	.302	176.75		2.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	875	91,582		61,295.50	.67	4.352	70.05		2.91
@CALIF. CHILDREN SERVICES*	96	4,812	\$	157,140.80		.229		\$	7.47
@XOVER EXCLUDING STATE HOSP**	2,138	18,911	\$	235,902.17	\$ 12.47	.899	\$ 110.34	\$	11.21

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,325
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MC	NT	HLY AVERA	GE	
27,573 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	13,191	77,419	\$	4,058,231.94	\$	52.42	2.808	\$	307.65	\$	147.18
@PHYSICIANS SERVICES	1,651	3,671	\$	176,687.67	\$	48.13	.133	\$	107.02	\$	6.41
OUTPATIENT VISITS	801	1,044		37,105.61		35.54	.038		46.32		1.35
OFFICE VISITS	691	898		30,239.79		33.67	.033		43.76		1.10

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EMERGENCY ROOM 86 100 5,061.47 50.61 .004 58.85	.18
PREVENTIVE CARE 1 1 54.83 54.83 .000 54.83	0.0
OB VISITS/COMPRE PERI 9 12 444.35 37.03 .000 49.37	.02
OTHER OUTPATIENT 29 32 1,277.68 39.93 .001 44.06	.05
INPATIENT VISITS 90 301 18,231.78 60.57 .011 202.58	.66
HOSPITAL VISITS 84 259 13,190.55 50.93 .009 157.03	.48
CRITICAL CARE 11 41 5,006.05 122.10 .001 455.10	.18
SNF/ICF/TRANS IP CARE 1 1 35.18 35.18 .000 35.18	.00
OPHTHALMOLOGICAL SERVICES 30 33 1,409.41 42.71 .001 46.98	.05
EXAMINATIONS 30 33 1,409.41 42.71 .001 46.98	.05
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 68 249 33,654.57 135.16 .009 494.92 1	1.22
PRINCIPAL SURGEON 53 64 28,521.51 445.65 .002 538.14 1	1.03
ASSISTANT SURGEON 6 6 1,048.99 174.83 .000 174.83	.04
ANESTHESIOLOGIST 15 179 4,084.07 22.82 .006 272.27	.15

OUTPATIENT SURGERY	253	459		45,070.91		98.19	.017		178.15		1.63
PRINCIPAL SURGEON	242	341		42,407.48		124.36	.012		175.24		1.54
ASSISTANT SURGEON	1	1		207.74		207.74	.000		207.74		.01
ANESTHESIOLOGIST	15	117		2,455.69		20.99	.004		163.71		.09
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	149	234		4,915.42		21.01	.008		32.99		.18
RADIOLOGY	492	684		16,913.81		24.73	.025		34.38		.61
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	26	49		1,930.01		39.39	.002		74.23		.07
OTHER SERVICES/ALL X-OVERS	348	618		17,456.15		28.25	.022		50.16		.63
@PHARMACY	6,912	25,573	\$	893,919.61	\$	34.96	.927	\$	129.33	\$	32.42
PRESCRIPTION DRUGS	6,882	16,665		879,958.47		52.80	.604		127.86		31.91
SNF/ICF	1	2		203.00		101.50	.000		203.00		.01
OUTPATIENTS	6,881	16,663		879,755.47		52.80	.604		127.85		31.91
MEDICAL SUPPLIES	124	8,908		13,961.14		1.57	.323		112.59		.51
@DENTIST	373	2,417	\$	84,388.91	\$	34.91	.088	\$	226.24	\$	3.06
VISITS - DIAGNOSTIC	308	1,329		20,680.75		15.56	.048		67.15		.75
ORAL SURGERY	81	378		23,586.00		62.40	.014		291.19		.86
DRUGS	2	3		55.00		18.33	.000		27.50		.00
ANESTHESIA	22	23		2,200.00		95.65	.001		100.00		.08
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	35	80		5,655.00		70.69	.003		161.57		.21
RESTORATIVE DENTISTRY	150	562		27,395.00		48.75	.020		182.63		.99
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	10	23		4,417.16		192.05	.001		441.72		.16
SPACE MAINTAINERS	1	1		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	3		150.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	5		175.00		35.00	.000		35.00		.01
ALL OTHER SERVICES	10	10		75.00		7.50	.000		7.50		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	1 2003 THRU	DEC	2003	PAG	E 2,326
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC	ASSIS	STANCE - FAMILIES							

DEE NORTH COONTI	BOINING OF BEIN	VICED TOK TOBBE	, 11001	SITURCE TIMILETED			ъл		THLY AVERA	αr.	
07 F72 BITGIDIEG	HGEDG	INTEG OF CERTIF	10	EXPENDIBLE	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7			-		GE	COCH DED
27,573 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	1.50	OR DAYS OF CAR		00 250 05		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	460	1,236	\$	29,358.25	\$	23.75	.045	Ş	63.82	Ş	1.06
DIAGNOSTIC AND ANC. PROCED	344	345		16,113.99		46.71	.013		46.84		.58
EYE APPLIANCES	328	890		13,232.26		14.87	.032		40.34		.48
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.000		12.00		.00
@CHIROPRACTOR	138	259	\$	4,297.04	\$	16.59	.009	\$	31.14	\$.16
VISITS	138	259		4,297.04		16.59	.009		31.14		.16
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	62	86	\$	3,392.04	\$	39.44	.003	\$	54.71	\$.12
MEDICINE/INJECTIONS	55	63		1,963.15		31.16	.002		35.69		.07
SURGERY/ANES.	3	4		400.97		100.24	.000		133.66		.01
RADIO./PATHOLOGY	7	9		157.42		17.49	.000		22.49		.01
OTHER	5	10		870.50		87.05	.000		174.10		.03
@HOME HEALTH AGENCY	13	89	\$	6,374.37	\$	71.62	.003	\$	490.34	\$.23
NURSE ANESTHESIST	177	846	\$	16,163.21	\$	19.11	.031	\$	91.32	\$.59
NURSE MIDWIFE	73	148	\$	25,087.04	\$	169.51	.005	\$	343.66	\$.91
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,967	15,872	\$	1,432,376.78	\$	90.25	.576	\$	482.77	\$	51.95
HOSP INPATIENT TOTAL	152	642		950,058.16	·	1479.84	.023		6250.38	·	34.46
HSC HOSPITALS	9	112		180,439.02		1611.06	.004		20048.78		6.54
NON-HSC HOSPITAL TOTAL	143	530		769,619.14		1452.11	.019		5381.95		27.91
ACCOMMODATIONS	143	530		344,071.82		649.19	.019		2406.10		12.48
ADMINISTRATIVE DAYS	4	11		2,544.30		231.30	.000		636.08		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	142	519	3	41,527.52	658.05	.019	2405.12	12.39	
ANCILLARIES	143	0		25,547.32	.00		2975.86	15.43	
INPATIENT CROSSOVERS	0	0		.00	.00		.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00		.00	.00	
	2,898	15,230	4	82,318.62	31.67			17.49	
MEDICAL	1,458	1,912	1	07,957.89	56.46	.069	74.05	3.92	
SURGERY	338	434		24,834.16	57.22		73.47	.90	
PATHOLOGY	1,019	3,943		49,883.67	12.65		48.95	1.81	
RADIOLOGY	1,061	1,421		82,356.39	57.96	.052	77.62	2.99	
ROOM USE	1,911	2,733		03,959.45	38.04	.099	54.40	3.77	
CROSSOVERS/ALL OTH OUTPINT	1,483	4,787	1	13,327.06	23.67	.174	76.42	4.11	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00		.00	.00	
ROOM USE	0	0		.00	.00		.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF	-PAYMENT RE	EPORT FOR JA	N 2003 THRU	DEC 2003	PAGE 2,327	
	FEE-FOR-SERVICE/DEN							01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC A	SSISTANCE	- FAMILIES					
							MONTHLY AVERA	-	
07 572 55 56 56	TICEDC INTE	TO OF GERTICE	T17.F			OF TRITEDO /DAS	TO GOOD DED	COCH DED	

27,573 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
277373 EEEGIBEES	OBLIE	OR DAYS OF CARE			PER UNIT/DAY	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,967	15,872	\$	1,432,376.78	\$ 90.25	.576			51.95
COMM HOSP INPATIENT TOTAL	152	642	•	950,058.16	1479.84	.023	6250.38	-	34.46
HSC HOSPITALS	9	112		180,439.02	1611.06	.004	20048.78		6.54
NON-HSC HOSPITALS TOTAL	143	530		769,619.14	1452.11	.019	5381.95		27.91
ACCOMMODATIONS	143	530		344,071.82	649.19	.019	2406.10		12.48
ADMINISTRATIVE DAYS	4	11		2,544.30	231.30	.000	636.08		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	142	519		341,527.52	658.05	.019	2405.12		12.39
ANCILLARIES	143	0		425,547.32	.00	.000	2975.86		15.43
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,898	15,230		482,318.62	31.67	.552	166.43		17.49
MEDICAL	1,458	1,912		107,957.89	56.46	.069	74.05		3.92
SURGERY	338	434		24,834.16	57.22	.016	73.47		.90
PATHOLOGY	1,019	3,943		49,883.67	12.65	.143	48.95		1.81
RADIOLOGY	1,061	1,421		82,356.39	57.96	.052	77.62		2.99
ROOM USE	1,911	2,733		103,959.45	38.04	.099	54.40		3.77
CROSSOVERS/ALL OTH OUTPTNT	1,483	4,787		113,327.06	23.67	.174	76.42		4.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	29	250	\$	6,408.03	\$	25.63	.009	\$	220.97	\$.23
HOSPITAL BASED	29	250		6,408.03		25.63	.009		220.97		.23
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	876	2,664	\$	42,464.31	\$	15.94	.097	\$	48.48	\$	1.54
PATHOLOGY	876	2,664		42,464.31		15.94	.097		48.48		1.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7,205	10,568	\$	1,209,947.57	\$	114.49	.383	\$	167.93	\$	43.88
CLINIC	27	121		5,384.81		44.50	.004		199.44		.20
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,188	10,447		1,204,562.76		115.30	.379		167.58		43.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES	MONTH-OF-PAYMENT RE	EPOR1	r for Jan	2003 THRU	DEC	2003	PΑ	GE 2,328
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

DEE NORTH COONTI	BOMMET OF BEIN	VICED TON TODALC	1100.	IDIIMCI IIIIIIID				~-
			_			_	NTHLY AVERA	-
27,573 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,263	13,740	\$	127,367.11	\$ 9.27	.498		•
DURABLE MED. EQUIP.	54	98		9,241.87	94.30	.004	171.15	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	183	2,551		46,045.38	18.05	.093	251.61	1.67
AMBULANCES/AIR TRANS	180	2,540		32,657.88	12.86	.092	181.43	1.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	11		13,387.50	1217.05	.000	1115.63	.49
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	36	36		3,727.50	103.54	.001	103.54	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	6	58		831.12	14.33	.002	138.52	.03
OPTICIAN	306	665		5,985.37	9.00	.024	19.56	.22
PHYSICAL THERAPIST	68	430		7,378.50	17.16	.016	108.51	.27
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	36		4,408.84	122.47	.001	259.34	.16
PROSTHETICS	17	35		4,320.15	123.43	.001	254.13	.16
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	41	93		4,286.43	46.09	.003	104.55	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	549	4,346		40,035.58	9.21	.158	72.92	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	5,426		5,399.49	1.00	.197	163.62	.20
@CALIF. CHILDREN SERVICES*	66	433	\$	209,257.40	\$ 483.27	.016		\$ 7.59
@XOVER EXCLUDING STATE HOSP**	2	3	\$	91.34	\$ 30.45	.000	\$ 45.67	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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----- MONTHLY AVERAGE -----

01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

DEL NORTE COUNTI	DOMINANT OF BERN	TOUR FORMER ADDIT	SIANCE TOTAL		MONT	א מידוא אודו	GE
52,154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
,		OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32,843 5,383 2,207 1,987 1		17,925,476.45	\$ 30.33	11.330 \$	545.79	
@PHYSICIANS SERVICES	5 383	14,132 \$	585,533.00	\$ 41.43	.271 \$	108.77	\$ 11.23
OUTPATIENT VISITS	2 207	3,047	108,984.76	35.77	.058	49.38	2.09
OFFICE VISITS	1 007	2,713	93,155.74	34.34	.052	46.88	1.79
OFFICE VISIIS	1,90/	2,713		27.49	.000	27.49	.00
HOME VISITS	106		27.49	53.22			
EMERGENCY ROOM	186	225 1	11,975.41		.004	64.38	.23
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	15	39	1,381.19	35.42	.001	92.08	.03
OTHER OUTPATIENT	62	68	2,390.10	35.15	.001	38.55	.05
INPATIENT VISITS	228	833	47,146.18	56.60	.016	206.78	.90
HOSPITAL VISITS	212	689	32,461.21	47.11	.013	153.12	.62
CRITICAL CARE	30	130	14,070.99	108.24	.002	469.03	.27
SNF/ICF/TRANS IP CARE	10 167	14	613.98	43.86	.000	61.40	.01
	167	195	8,240.49	42.26	.004	49.34	.16
EXAMINATIONS	167	195	8,240.49	42.26	.004	49.34	.16
SERVICES AND MATERIALS	167 0 182 152	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	182	695	93,543.51	134.59	.013	513.98	1.79
PRINCIPAL SURGEON	152	218	81,453.46	373.64	.004	535.88	1.56
ASSISTANT SURGEON	13	13	2,546.28	195.87	.000	195.87	.05
ANESTHESIOLOGIST	32	464	9,543.77	20.57	.009	298.24	.18
OUTPATIENT SURGERY	625	1,183	137,194.54	115.97	.023	219.51	2.63
PRINCIPAL SURGEON	601	851	130,616.70	153.49	.016	217.33	2.50
ASSISTANT SURGEON	2	2	341.52	170.76	.000	170.76	.01
EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	37	330	6,236.32	18.90	.006	168.55	.12
DIALYSIS	12	33	2,841.08	86.09	.001	236.76	.05
PATHOLOGY	552 1,150	1,155	18,579.30	16.09	.022	33.66	.36
RADIOLOGY	1,150	1,732	51,392.12	29.67	.033	44.69	.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	82	176	17,547.25	99.70	.003	213.99	.34
OTHER SERVICES/ALL X-OVERS		5,083	100,063.77	19.69	.097	47.07	1.92
@PHARMACY	23.566	263,629 \$	8,326,070.14		5.055 \$	353.31	\$ 159.64
PRESCRIPTION DRUGS	23,362	86,938	8,148,516.64	93.73	1.667	348.79	156.24
		1,466	91,127.10	62.16	.028	566.01	1.75
OUTPATIENTS	23.214	85,472	8,057,389.54	94.27	1.639	347.09	154.49
MEDICAL SUPPLIES	1.547	176,691	177,553.50	1.00	3.388	114.77	3.40
@DENTIST	785	4,206 \$	183,590.52	\$ 43.65	.081 \$	233.87	
VISITS - DIAGNOSTIC	576	2,092	31,482.45	15.05	.040	54.66	.60
ORAL SURGERY	174		60,786.37	59.59	.020	349.35	1.17
DRUGS	161 23,214 1,547 785 576 174 7 56 14 46	1,020 10 57 15 93	125.00	12.50	.000	17.86	.00
ANESTHESIA	56	57	5,600.00	98.25	.001	100.00	.11
PERIODONTICS	14	15	1,068.00	71.20	.000	76.29	.02
ENDODONTICS	46	93	8,000.00	86.02	.002	173.91	.15
RESTORATIVE DENTISTRY	239	718	37,377.00	52.06	.014	156.39	.72
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	85	167	38,721.70	231.87	.003	455.55	.74
SPACE MAINTAINERS	1	1	.00	.00	.003	.00	.00
	3	3	150.00	50.00	.000	50.00	.00
MAXILLOFACIAL SERVICES	0	0					.00
FRACTURES, DISLOCATIONS	5	5	.00	.00	.000	.00	
ORTHODONTIC SERVICES			175.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	25 MEDI (A) (ED)(1)	24	75.00	3.13	.000	3.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT, KP	FLOKI LOK DAN	ZUUS THRU DEC	∠003	PAGE 2,330
MOP024	FEE-FOR-SERVICE		OMANICE TOTAL				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	STANCE - TOTAL				

52,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,197	3,171 \$	73,285.58	\$ 23.11	.061 \$	61.22	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	720	730	32,985.22	45.19	.014	45.81	.63
EYE APPLIANCES	906	2,414	38,923.20	16.12	.046	42.96	.75
OTHER OPTOMETRIC SERVICES	33	27	1,377.16	51.01	.001	41.73	.03
@CHIROPRACTOR	351	704 \$	11,451.18	\$ 16.27	.013 \$	32.62	\$.22
VISITS	325	663	10,926.52	16.48	.013	33.62	.21
OTHER SERVICES	26	41	524.66	12.80	.001	20.18	.01
@PODIATRIST	358	545 \$	13,809.53	\$ 25.34	.010 \$	38.57	\$.26
MEDICINE/INJECTIONS	187	223	6,212.71	27.86	.004	33.22	.12
SURGERY/ANES.	6	8	1,017.13	127.14	.000	169.52	.02
RADIO./PATHOLOGY	21	33	574.34	17.40	.001	27.35	.01
OTHER	171	281	6,005.35	21.37	.005	35.12	.12
@HOME HEALTH AGENCY	129	831 \$	53,952.68	\$ 64.93	.016 \$	418.24	\$ 1.03
NURSE ANESTHESIST	329	1,725 \$	30,493.68	\$ 17.68	.033 \$	92.69	\$.58

NURSE MIDWIFE	81	162	\$	27,675.04	\$	170.83	.003	\$	341.67	\$.53
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	7,160	36,404	Š	4,719,015.26		129.63		\$	659.08	\$	90.48
HOSP INPATIENT TOTAL	571	2,431	τ	3,666,726.15	τ.	1508.32	.047	~	6421.59	Υ	70.31
HSC HOSPITALS	32	260		387,562.03		1490.62	.005		12111.31		7.43
NON-HSC HOSPITAL TOTAL	360	1,578				1985.63	.030		8703.67		60.08
	359			3,133,319.73							21.76
ACCOMMODATIONS		1,578		1,134,718.98		719.09	.030		3160.78		
ADMINISTRATIVE DAYS	22	89		20,585.70		231.30	.002		935.71		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	348	1,489		1,114,133.28		748.24	.029		3201.53		21.36
ANCILLARIES	360	0		1,998,600.75		.00	.000		5551.67		38.32
INPATIENT CROSSOVERS	182	593		145,844.39		245.94	.011		801.34		2.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,941	33,973		1,052,289.11		30.97	.651		151.60		20.18
MEDICAL	2,635	3,957		231,041.09		58.39	.076		87.68		4.43
SURGERY	623	810		45,583.02		56.28	.016		73.17		.87
PATHOLOGY	2,305	10,010		122,796.69		12.27	.192		53.27		2.35
RADIOLOGY	2,456	3,594		240,124.74		66.81	.069		97.77		4.60
ROOM USE	3,225	4,775		186,919.44		39.15	.092		57.96		3.58
CROSSOVERS/ALL OTH OUTPTNT		10,827		225,824.13		20.86	.208		60.40		4.33
@COUNTY HOSPITAL TOTAL	12	70	\$	13,356.18	ċ.	190.80		بخ	1113.02	ċ.	.26
		10	Ą	11,626.01	Ą	1162.60	.000	Ą	2906.50	Ą	.22
CO HOSPITAL INPATIENT TOTAL	4	10									
HSC HOSPITALS	4			11,626.01		1162.60	.000		2906.50		.22
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17		28.84	.001		192.24		.03
MEDICAL	2	3		128.95		42.98	.000		64.48		.00
SURGERY	1	1		5.81		5.81	.000		5.81		.00
PATHOLOGY	3	23		322.53		14.02	.000		107.51		.01
RADIOLOGY	1	3		382.52		127.51	.000		382.52		.01
ROOM USE	5	8		282.12		35.27	.000		56.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	22		608.24		27.65	.000		101.37		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURI	ES MO		EPOR			DEC		PΔ	GE 2,331
MOP024	FEE-FOR-SERVICE		10 110	SIVIII OI IIIIIIIIVI ICI		1 1010 07110 2	2005 11110	рцс	. 2005	111	01/29/04
DEL NORTE COUNTY		ICES FOR PUBLIC A	ACCTO	STANCE - TOTAL							01/25/04
DEL NORTE COONTI	BOMMANT OF BERV	ICES FOR FUBBLE A	JODIL	STANCE TOTAL			M	∩тт	HLY AVERA	CF _	
52,154 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17	ERAGE COST					OST PER
JZ, IJ4 EDIGIBUES	OSEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER		LIGIBLE
ACOMMINITEN HOCDITENT TOTAL	7,155	36,334	ċ.	4,705,659.08		129.51	.697		657.67		90.23
@COMMUNITY HOSPITAL TOTAL			\$		Þ			Ş		Þ	
COMM HOSP INPATIENT TOTAL	568	2,421		3,655,100.14		1509.75	.046		6435.04		70.08
HSC HOSPITALS	28	250		375,936.02		1503.74	.005		13426.29		7.21
NON-HSC HOSPITALS TOTAL	360	1,578		3,133,319.73		1985.63	.030		8703.67		60.08
ACCOMMODATIONS	359	1,578		1,134,718.98		719.09	.030		3160.78		21.76
ADMINISTRATIVE DAYS	22	89		20,585.70		231.30	.002		935.71		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	348	1,489		1,114,133.28		748.24	.029		3201.53		21.36
ANCILLARIES	360	0		1,998,600.75		.00	.000		5551.67		38.32
INPATIENT CROSSOVERS	182	593		145,844.39		245.94	.011		801.34		2.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,936	33,913		1,050,558.94		30.98	.650		151.46		20.14
MEDICAL	2,633	3,954		230,912.14		58.40	.076		87.70		4.43
SURGERY	623	809		45,577.21		56.34	.016		73.16		.87
PATHOLOGY	2,303	9,987		122,474.16		12.26	.191		53.18		2.35
	•	•		,							

RADIOLOGY	2,456	3,591		239,742.22		66.76	.069		97.61		4.60
ROOM USE	3,222	4,767		186,637.32		39.15	.091		57.93		3.58
CROSSOVERS/ALL OTH OUTPTNT		10,805		225,215.89		20.84	.207		60.30		4.32
@STATE HOSPITAL	7	285	\$	139,288.43	\$	488.73	.005	Ś	19898.35	\$	2.67
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
	7										
DEVELOP. DISABLED	•	285		139,288.43		488.73	.005		19898.35		2.67
@NURSING FACILITY	135	3,732	\$	469,031.33	\$	125.68	.072	Ş	3474.31	Ş	8.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00		553.15	.001		22126.00		.42
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	134	3,692		446,905.33		121.05	.071		3335.11		8.57
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0		Ą		Ą			Ą		Ą	
ICF DDH	-	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	55	1,549	\$	64,168.59	\$	41.43	.030	\$	1166.70	\$	1.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	55	1,549		64,168.59		41.43	.030		1166.70		1.23
@REHABILITATION FACILITY	61	452	\$	11,532.42	\$	25.51		\$	189.06	\$.22
HOSPITAL BASED	61	452	٧	11,532.42	٧	25.51	.009	٧	189.06	~	.22
INDEPENDENT FACILITY	0	0		·		.00	.000		.00		.00
	-		d	.00	4			4		4	
@LABORATORY FACILITY	2,368	8,107	\$	117,166.08	\$	14.45	.155	Ş	49.48	Ş	2.25
PATHOLOGY	2,359	8,086		117,004.60		14.47	.155		49.60		2.24
XO AND OTHERS	9	21		161.48		7.69	.000		17.94		.00
@ORGANIZED OUTPATIENT CLINIC	14,768	23,346	\$	2,343,317.21	\$	100.37	.448	\$	158.68	\$	44.93
CLINIC	42	162		6,934.01		42.80	.003		165.10		.13
SURGICENTER	0	0		85.00CI	₹.	.00	.000		.00		.00
	0										
H H: B() I N D H: I () X ('I 'I N I I ('	()	Λ		0.0		()()	000		0.0		()()
HEROIN DETOX CLINIC	0 14 743	0 23 184		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14,743	23,184	DEC MC	2,336,468.20	2D/D0	100.78	.445	DEC	158.48	ים.	44.80
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	14,743 MEDI-CAL SERVIC	23,184 ES AND EXPENDITU	RES MC		EPORT	100.78	.445	DEC	158.48	P <i>I</i>	44.80 AGE 2,332
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE	23,184 ES AND EXPENDITU DENTAL		2,336,468.20 NTH-OF-PAYMENT RI	EPORT	100.78	.445	DEC	158.48	P <i>I</i>	44.80
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE	23,184 ES AND EXPENDITU		2,336,468.20 NTH-OF-PAYMENT RI	EPORT	100.78	.445 2003 THRU		158.48 2 2003		44.80 AGE 2,332 01/29/04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	23,184 ES AND EXPENDITU DENTAL ICES FOR PUBLIC	ASSIS	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL		100.78 FOR JAN	.445 2003 THRU	TNOI	158.48 2 2003 THLY AVERA	.GE -	44.80 AGE 2,332 01/29/04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE	23,184 ES AND EXPENDITU DENTAL	ASSIS	2,336,468.20 NTH-OF-PAYMENT RI		100.78 FOR JAN	.445 2003 THRU	TNOI	158.48 2 2003 THLY AVERA	.GE -	44.80 AGE 2,332 01/29/04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	23,184 ES AND EXPENDITU DENTAL ICES FOR PUBLIC	ASSIS	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL	AVE	100.78 F FOR JAN ERAGE COST	.445 2003 THRU	IONT	158.48 2 2003 THLY AVERA	.GE -	44.80 AGE 2,332 01/29/04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	23,184 ES AND EXPENDITU I/DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY	.445 2003 THRU M UNITS/DAY PER ELIG	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454	23,184 ES AND EXPENDITU I/DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949	ASSIS	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78	AVE	100.78 F FOR JAN ERAGE COST UNIT/DAY 3.32	.445 2003 THRU M UNITS/DAY PER ELIG 4.371	ION'I 'S	158.48 2 2003 THLY AVERA COST PER USER 169.76	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288	23,184 ZES AND EXPENDITU Z/DENTAL TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0	23,184 ZES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713 0	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8	23,184 EES AND EXPENDITU I/DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713 0 12	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774	23,184 EES AND EXPENDITU I/DENTAL ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713 0 12 106,234	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58	.GE - (44.80 AGE 2,332 01/29/04
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631	23,184 EES AND EXPENDITU I/DENTAL ICES FOR PUBLIC OR DAYS OF CAR 227,949 713 0 12 106,234 11,267	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103	23,184 EES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73	23,184 EES AND EXPENDITU I/DENTAL ICES FOR PUBLIC OR DAYS OF CAR 227,949 713 0 12 106,234 11,267	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103	23,184 EES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2	23,184 EES AND EXPENDITU I/DENTAL TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28	AVI PEF	100.78 F FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12	23,184 ZES AND EXPENDITU Z/DENTAL TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12 44	23,184 ZES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001	ION'I 'S	158.48 2 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10	23,184 PES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69	AVI PEF	ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8	23,184 PES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60	AVI PEF	ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001	23,184 EES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97	.445 2003 THRU M UNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266	23,184 EES AND EXPENDITURED TO EXPENDITURE EXPENDITURED TO EXPENDITURE EXPENDITURED TO EXPENDITURE EXPENDI	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90	.445 2003 THRU M CUNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .005 .005 .001 .001 .001 .043 .040	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0	23,184 EES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00	.445 2003 THRU M CUNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001 .001 .043 .040 .000	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266	23,184 EES AND EXPENDITURED TO EXPENDITURE EXPENDITURED TO EXPENDITURE EXPENDITURED TO EXPENDITURE EXPENDI	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78	.445 2003 THRU M CUNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .005 .005 .001 .001 .001 .043 .040	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0	23,184 EES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00	.445 2003 THRU M CUNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001 .001 .043 .040 .000	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0 61 61	23,184 PES AND EXPENDITURED FOR PUBLICATION OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0 175 174	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78 123.98	.445 2003 THRU M TUNITS/DAY T PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001 .043 .040 .000 .003	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00 355.11 353.66	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00 .42 .41
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0 61 61 61	23,184 PES AND EXPENDITURED TO THE PROPERTY OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0 175 174	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68 21,572.99 88.69	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78 123.98 88.69	.445 2003 THRU M TUNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .043 .040 .000 .003 .003	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00 355.11 353.66 88.69	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00 .42 .41 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0 61 61 61 1	23,184 PES AND EXPENDITURE OF CONTRACTOR OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0 175 174 1 0	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68 21,572.99 88.69 .00	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78 123.98 88.69 .00	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001 .043 .040 .000 .003 .003 .003	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00 355.11 353.66 88.69 .00	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00 .42 .41 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0 61 61 61 1 0 83	23,184 PES AND EXPENDITURE OF CONTRACT OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0 175 174 1 0 156	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68 21,572.99 88.69 .00 13,569.88	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78 123.98 88.69 .00 86.99	.445 2003 THRU M UNITS/DAY 4.371 .014 .000 .000 2.037 .216 1.813 .008 .005 .001 .001 .001 .001 .043 .040 .000 .003 .003	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00 355.11 353.66 88.69 .00 163.49	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00 .42 .41 .00 .00 .26
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 52,154 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	14,743 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 4,454 288 0 8 774 631 103 73 2 12 44 10 8 1,001 266 0 61 61 61 1	23,184 PES AND EXPENDITURE OF CONTRACTOR OF SERVICE OR DAYS OF CAR 227,949 713 0 12 106,234 11,267 94,532 435 3 251 44 52 74 2,239 2,107 0 175 174 1 0	ASSIS E E	2,336,468.20 NTH-OF-PAYMENT RI TANCE - TOTAL EXPENDITURES 756,095.78 135,276.25 .00 2,102.81 312,369.18 132,120.77 141,893.69 38,354.72 70.28 17,386.21 4,567.50 8,510.69 1,135.60 26,791.57 33,493.51 .00 21,661.68 21,572.99 88.69 .00	AVI PEF	100.78 FOR JAN ERAGE COST R UNIT/DAY 3.32 189.73 .00 175.23 2.94 11.73 1.50 88.17 23.43 69.27 103.81 163.67 15.35 11.97 15.90 .00 123.78 123.98 88.69 .00	.445 2003 THRU M UNITS/DAY PER ELIG 4.371 .014 .000 .000 2.037 .216 1.813 .008 .000 .005 .001 .001 .001 .043 .040 .000 .003 .003 .003	ION'I 'S	158.48 2003 CHLY AVERA COST PER USER 169.76 469.71 .00 262.85 403.58 209.38 1377.61 525.41 35.14 1448.85 103.81 851.07 141.95 26.76 125.92 .00 355.11 353.66 88.69 .00	.GE - (44.80 AGE 2,332 01/29/04 COST PER ELIGIBLE 14.50 2.59 .00 .04 5.99 2.53 2.72 .74 .00 .33 .09 .16 .02 .51 .64 .00 .42 .41 .00 .00

LOCAL EDUCATION AGENCIES	837	10,714	90,464.01	8.44	.205	108.08	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,327	105,175	88,385.83	.84	2.017	66.61	1.69
@CALIF. CHILDREN SERVICES*	179	5,747	\$ 396,581.86	\$ 69.01	.110	\$ 2215.54	\$ 7.60
@XOVER EXCLUDING STATE HOSP**	3,208	27,741	\$ 365,714.02	\$ 13.18	.532	\$ 114.00	\$ 7.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,333 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

DEL NORIE COUNTY	SUMMARY OF SERV	VICES FOR MIN - NO	SUC	- AGED AID	CODE 14 1.		N/CNTC		αn	
1 710 DI TOTRI DO	HOEDG	INITES OF SERVICE	_		717ED 7 CE		_	THLY AVERA	UGE	
1,718 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		COST UNITS/DA				COST PER
		OR DAYS OF CAR				DAY PER ELI		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,294	16,515	\$	606,691.10	\$ 36.			468.85		353.14
@PHYSICIANS SERVICES	219	974	\$	13,962.78	\$ 14.				\$	8.13
OUTPATIENT VISITS	12	16		635.00	39.			52.92		.37
OFFICE VISITS	11	15		590.40	39.			53.67		.34
HOME VISITS	0	0		.00		.000		.00		.00
EMERGENCY ROOM	1	1		44.60	44.	.001		44.60		.03
PREVENTIVE CARE	0	0		.00		.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.000		.00		.00
INPATIENT VISITS	3	8		604.71	75.			201.57		.35
HOSPITAL VISITS	3	5		239.91	47.			79.97		.14
CRITICAL CARE	1	3		364.80	121.			364.80		.21
SNF/ICF/TRANS IP CARE	0	0		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		000 .000		.00		.00
SERVICES AND MATERIALS	0	0		.00		000 .000		.00		.00
	1	1		82.65				82.65		.05
INPATIENT HOSPITAL SURGERY	1	1			82.					
PRINCIPAL SURGEON	0	0		82.65	82.			82.65		.05
ASSISTANT SURGEON	0			.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.000		.00		.00
OUTPATIENT SURGERY	1	1		295.23	295.			295.23		.17
PRINCIPAL SURGEON	1	1		295.23	295.			295.23		.17
ASSISTANT SURGEON	0	0		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.000		.00		.00
DIALYSIS	0	0		.00		.000		.00		.00
PATHOLOGY	1	1		48.20	48.	.001		48.20		.03
RADIOLOGY	4	5		42.85	8.	.003		10.71		.02
PSYCHIATRY	0	0		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	207	942		12,254.14	13.	.548		59.20		7.13
@PHARMACY	1,051	9,234	\$		\$ 37.				Ś	200.01
PRESCRIPTION DRUGS	1,044	4,106	т	337,449.05	82.	18 2.390		323.23	- T	196.42
SNF/ICF	30	203		12,670.69	62.			422.36		7.38
OUTPATIENTS	1,015	3,903		324,778.36	83.			319.98		189.04
MEDICAL SUPPLIES	40	5,128		6,162.62	1.			154.07		3.59
@DENTIST	29	84	\$	11,597.00	\$ 138.				Ġ	6.75
VISITS - DIAGNOSTIC	13	32	Ą	456.00	14.			35.08	Ą	.27
	3	25			44.			368.67		
ORAL SURGERY	3 0	25 0		1,106.00						.64
DRUGS	O .	-		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.000		.00		.00
RESTORATIVE DENTISTRY	3	6		635.00	105.			211.67		.37
PROSTHETICS	0	0		.00		.000		.00		.00

DENTURES, STAYPLATES	11	21	9,400.00	447.62	.012	854.55	5.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 2,334
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - NO SC	C - AGED AID CODE	14 1H 1U	1X		
					MON	THLY AVERAG	E
1,718 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
	OR 1	DAYS OF CARE	PER	YAC/TINII	PER ELIG	USER	ELIGIBLE

DEL NORIE COUNTY	SUMMARY OF SERV	ICES FOR MIN - NO	SUC	- AGED AID	CODI	7 14 IH IU		O 3 T F		~ F	
1 510									THLY AVERAC		
1,718 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	24	52	\$	1,116.18	\$.030	\$	46.51	\$	
DIAGNOSTIC AND ANC. PROCED	5 18 3	4		189.80		47.45	.002		37.96		.11
EYE APPLIANCES	18	46		796.88		17.32	.027		44.27		.46
OTHER OPTOMETRIC SERVICES	3	2		129.50		64.75	.001		43.17		.08
@CHIROPRACTOR	4	5	\$	83.60	\$	16.72	.003	\$	20.90	\$.05
VISITS	2	3		50.16		16.72	.002		25.08		.03
OTHER SERVICES	2	2		33.44		16.72	.001		16.72		.02
@PODIATRIST	28	43	\$	441.24	\$	10.26	.025	\$	15.76	\$.26
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	•	.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	28			441.24		10.26	.025		15.76		.26
@HOME HEALTH AGENCY	2	14	Ś	1,003.31	\$	71.67	.008	Ġ	501.66	Ś	.58
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ġ	.00	Ġ	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š		.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	Ġ	00	.000		.00		.00
@TOTAL HOSPITAL	209	720	Ġ	.00 .00 80,951.06	Ġ	112 43	.419	Ġ	387.33		47.12
HOSP INPATIENT TOTAL	0 0 209 44	150	Y	60 026 07		170 16	.093	Y	1586.97	Y	40.64
HSC HOSPITALS	0	139		.00		139.10	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	1.0		26 202 25		2620 24	.006		18191.18		21.18
ACCOMMODATIONS	2	10		10 201 00		1020.24	.006		5190.90		6.04
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	10		10,381.80		1030.10	.000		.00		.00
TRANSITIONAL IP CARE	0	0		36,382.35 10,381.80 .00		.00	.000		.00		.00
	0	1.0		10 201 00		.00 3638.24 1038.18 .00 .00 1038.18	.006		5190.90		6.04
ALL OTHER ACCOM	2	10		10,381.80 26,000.55		1030.10	.000		13000.28		15.13
ANCILLARIES INPATIENT CROSSOVERS	42	43 14 0 0 0 720 159 0 10 10 0 149 0 561		20,000.55		224 46	.000		796.30		19.47
	0	149		33,444.52 .00 11,124.19		224.46	.000		.00		.00
ALL OIRER INPAILENT	0 193	561		11 124 10		10.03	.327		57.64		6.48
HOSP OUTPATIENT TOTAL	3	501		11,124.19		19.83					.53
MEDICAL	0	0		910.28		182.06	.003		303.43		
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	3	4		66.86		16.72	.002		22.29		.04
RADIOLOGY	/	/		183.03		26.15	.004		26.15		.11
ROOM USE	186	5		291.07		58.21	.003		97.02		.17
CROSSOVERS/ALL OTH OUTPTNT		540	_	9,672.95		17.91	.314		52.01		5.63
@COUNTY HOSPITAL TOTAL	4	6	\$		Ş	148.21	.003	Ş		Ş	.52
CO HOSPITAL INPATIENT TOTAL	1	3		840.00		280.00	.002		840.00		. 49
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.002		840.00		. 49
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	3		49.26		16.42	.002		16.42		.03
MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	49.26	16.42	.002	16.42	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	ITH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEG	2003	PAGE 2,335
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC -	- AGED AID CO	DE 14 1H 1U	1X		
					MONT	THLY AVERAG	E
1,718 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	P:	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	714 \$	80,061.80 \$	112.13	.416 \$	390.55	\$ 46.60
COMM HOSP INPATIENT TOTAL	43	156	68,986.87	442.22	.091	1604.35	40.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10	36,382.35	3638.24	.006	18191.18	21.18

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		10,381.80	-	1038.18	.006		5190.90		6.04
ANCILLARIES	2	0		26,000.55		.00	.000		13000.28		15.13
INPATIENT CROSSOVERS	41	146		32,604.52		223.32	.085		795.23		18.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	190	558		11,074.93		19.85	.325		58.29		6.45
	190								303.43		
MEDICAL	3	5		910.28		182.06	.003				.53
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		66.86		16.72	.002		22.29		.04
RADIOLOGY	7	7		183.03		26.15	.004		26.15		.11
ROOM USE	3	5		291.07		58.21	.003		97.02		.17
CROSSOVERS/ALL OTH OUTPTNT	183	537		9,623.69		17.92	.313		52.59		5.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	35	931	Ġ	117,595.20	\$	126.31	.542	Ġ		\$	68.45
	0		Ą	·	Ą			Ą		Ą	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	35	931		117,595.20		126.31	.542		3359.86		68.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.000	بي		\$.00
WHEMODIALISIS TOTAL	0	-	Ą		Ą	.00		Ą		Ą	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	30	\$	335.89	\$	11.20	.017	\$	30.54	\$.20
PATHOLOGY	11	30	•	335.89	·	11.20	.017	•	30.54	•	.20
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	247	399	\$	21,232.13	\$	53.21	.232	Ċ	85.96	\$	12.36
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0							.00		
SURGICENTER	-			.00		.00	.000				.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	247	399		21,232.13		53.21	.232		85.96		12.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU :	DEC	2003	PΙ	AGE 2,336
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	O SOC	- AGED AID	CODE	14 1H 1U	1X				
							M	ONT	HLY AVERA	GE -	
1,718 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
_,	0.0	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	213	4,029	\$	14,761.04	\$	3.66	2.345		69.30		8.59
	11	21	Ÿ	2,277.71	Y			Y	207.06	Ų	1.33
DURABLE MED. EQUIP.						108.46	.012				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		400.09		400.09	.001		400.09		.23
MEDICAL TRANSPORTATION	11	158		569.80		3.61	.092		51.80		.33
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	4	16		126.32		7.90	.009		31.58		.07
OTHER SERVICES	7	142		443.48		3.12	.083		63.35		.26
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	0						.000		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	ŭ	0		.00		.00					.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

35	86		1,302.96		15.15	.050		37.23		.76
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	2		77.28		38.64	.001		77.28		.04
1	2		77.28		38.64	.001		77.28		.04
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
4	5		1,051.33		210.27	.003		262.83		.61
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
165	3,756		9,081.87		2.42	2.186		55.04		5.29
0	0	\$.00	\$.00	.000	\$.00	\$.00
470	3,259	\$	73,074.12	\$	22.42	1.897	\$	155.48	\$	42.53
	0	0 0 0 0 1 2 2 1 2 2 0 0 0 0 0 0 0 0 0 0	0 0 0 0 1 2 1 2 2 1 2 2 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 1 2 77.28 1 2 77.28 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 165 3,756 9,081.87 0 \$.00	0 0 .00 0 0 .00 1 2 77.28 1 2 77.28 0 0 .00 0 0 .00 4 5 1,051.33 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0 0 .00 .00 1 2 77.28 38.64 1 2 77.28 38.64 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 <td>0 0 .00 .00 .000 0 0 .00 .000 .000 1 2 77.28 38.64 .001 1 2 77.28 38.64 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 4 5 1,051.33 210.27 .003 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0</td> <td>0 0 .00 .00 .000 0 0 .00 .000 .000 1 2 77.28 38.64 .001 1 2 77.28 38.64 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 4 5 1,051.33 210.27 .003 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0</td> <td>0 0 .00 .00 .00 .00 .00 1 2 77.28 38.64 .001 .77.28 1 2 77.28 38.64 .001 .77.28 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 4 5 1,051.33 210.27 .003 262.83 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td> <td>0 0 .00<!--</td--></td>	0 0 .00 .00 .000 0 0 .00 .000 .000 1 2 77.28 38.64 .001 1 2 77.28 38.64 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 4 5 1,051.33 210.27 .003 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .000 .000 1 2 77.28 38.64 .001 1 2 77.28 38.64 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 4 5 1,051.33 210.27 .003 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0	0 0 .00 .00 .00 .00 .00 1 2 77.28 38.64 .001 .77.28 1 2 77.28 38.64 .001 .77.28 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 4 5 1,051.33 210.27 .003 262.83 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0	0 0 .00 </td

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,337 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR MIN - NO S	30C -	ДПІПО	AID CODE	24		
						MON'	THLY AVERAG	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	398	\$	34,807.99	\$ 87.46	17.304 \$	1740.40	\$ 1513.39
@PHYSICIANS SERVICES	5	9 \$	\$	118.80	\$ 13.20	.391 \$	23.76	\$ 5.17
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9		118.80	13.20	.391	23.76	5.17
@PHARMACY	17	111 \$	\$	5,419.49	\$ 48.82	4.826 \$	318.79	\$ 235.63
PRESCRIPTION DRUGS	17	111		5,419.49	48.82	4.826	318.79	235.63
SNF/ICF	11	86		4,265.43	49.60	3.739	387.77	185.45
OUTPATIENTS	7	25		1,154.06	46.16	1.087	164.87	50.18

MEDICAL SUPPLIES	0	0	.00		00	.000	.00	.00
@DENTIST	1	6 \$	54.75	\$ 9.	13	.261 \$	54.75	\$ 2.38
VISITS - DIAGNOSTIC	1	6	54.75	9.	13	.261	54.75	2.38
ORAL SURGERY	0	0	.00		00	.000	.00	.00
DRUGS	0	0	.00		00	.000	.00	.00
ANESTHESIA	0	0	.00		00	.000	.00	.00
PERIODONTICS	0	0	.00		00	.000	.00	.00
ENDODONTICS	0	0	.00		00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		00	.000	.00	.00
PROSTHETICS	0	0	.00		00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2003	THRU DEC	2003	PAGE 2,338
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - NO S	OC - BLIND	AID	CODE 24			

----- MONTHLY AVERAGE -----23 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY .00 0 .000 \$.00 @OPTOMETRIST 0 \$.00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .000 0 .00 \$.00 \$.00 .00 0 .00 .00 .000 .00 VISITS .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 2 @PODIATRIST \$ 37.23 18.62 .087 18.62 1.62 \$ MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 RADIO./PATHOLOGY .00 OTHER 37.23 18.62 .087 18.62 1.62 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 .00 .000 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 92.02 18.40 .217 30.67 @TOTAL HOSPITAL 4.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 92.02 18.40 .217 30.67 4.00 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 ROOM USE .00 .00 CROSSOVERS/ALL OTH OUTPTNT 5 92.02 18.40 .217 30.67 4.00 0 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$.00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00

MON-HIGC HOSPITALS TOTAL								
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON HEC HOSDITALS TOTAL	0	0	0.0	0.0	000	0.0	0.0
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 00 000 000 000 000 ALL OTHER ACCOM ANCILLARIES 0 0 0 0 00 000 000 000 000 ANCILLARIES 0 0 0 0 0 00 000 000 000 ANCILLARIES 0 0 0 0 0 00 000 000 000 ANCILLARIES 0 0 0 0 0 0 00 000 000 000 ALL OTHER INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
TRANSITIONAL IP CARE								
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 00 000 000 000 000 000 INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
ANCILLARIES		0	0					
ALL OTHER INPATIENT COSSOVERS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0	0					
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
CO COS		0	0					
MEDICAL 0		0	0					
STREETY		0	0					
PATHOLOGY		0	0					
RADIOLOGY ROOM USE		0	0					
CROSSOVERS/ALL OTH OUTPITH CALLS DEVICES AND SERVICES NOTH-OF-PAYMENT REPORT FOR JAN 203 THRU DEC 203 PAGE 2,339 MOPO24 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND COUNTY CALLS DEVICES NOTH-OF-PAYMENT REPORT FOR JAN 203 THRU DEC 203 PAGE 2,339 MOPO24 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND COUNTY C		0	0					
CALIF DEPT OF HEALTH SERV		0	0					
## HCALTF DEPT OF HEALTH SERV MOPO24 PER-FOR-SERVICE/ SAND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DCC 2003 PAGE 2,339 MOPO24 DEL NORTE COUNTY PER-FOR-SERVICE/DEPTRIL SUMMARY OF SERVICES FOR MN - NO SOC - BLIND ALD CODE 24 MONTHLY AVERAGE COST UNITS/DAYS COST PER ELIGIBLES USERS WINTS OF CARE PER UNITY/DAY PER ELIG USERS COST PER ELIGIBLE COMMUNITY HOSPITAL TOTAL 3 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS COST PER ELIGIBLE COMMUNITY HOSPITAL TOTAL 3 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITAL TOTAL 3 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITAL TOTAL 3 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITAL TOTAL 3 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITALS TOTAL 0 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITALS TOTAL 0 SERVICE POR DAYS OF CARE PER UNITY/DAYS SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITALS TOTAL 0 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE COMMUNITY HOSPITALS TOTAL 0 SERVICE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIG USERS ELIGIBLE POR DAYS OF CARE PER UNITY/DAY PER ELIGIBLE POR DAYS OF C		0	0					
MOPO24 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND			G					
Del Norte County				TH-OF-PAYMENT RE	PORT FOR JAN 2	1003 THRU DE	2 2003	
23 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS O								01/29/04
AVERAGE COST UNITS/DAYS	DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SOC -	BLIND	AID CODE			
COMMUNITY HOSPITAL TOTAL 3 5 5 92.02 \$ 18.40 217 \$ 30.67 \$ 4.00								
COMMINITY HOSPITAL TOTAL 3 5 \$ 92.02 \$ 18.40 .217 \$ 30.67 \$ 4.00 COMM HOSP INPATIENT TOTAL 0 0 0 0.00 .0	23 ELIGIBLES	USERS		EXPENDITURES				
COMM HOSP INPATIENT TOTAL								
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_	- 1					
NON-HSC HOSPITALS TOTAL		-						
ACCOMMODATIONS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 ADMINISTRATIVE DAYS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00		0	0					
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TRANSITIONAL IP CARE 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.	ACCOMMODATIONS	0	0					
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0					
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 0.00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 3 5 92.02 18.40 .217 30.67 4.00 MEDICAL 0 0 0 0.00 .00 .0	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00	COMM HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
PATHOLOGY 0 0 .00 </td <td>MEDICAL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 <td>SURGERY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	SURGERY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00 <td>PATHOLOGY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PATHOLOGY	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT 3 5 92.02 18.40 .217 30.67 4.00 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 9 251 \$ 28,947.62 \$ 115.33 10.913 \$ 3216.40 \$ 1258.59 LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 <td>ROOM USE</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ROOM USE	0	0	.00	.00	.000	.00	.00
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPINT	3	5	92.02	18.40	.217	30.67	4.00
MENTALLY ILL 0 0 .0	@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
@NURSING FACILITY 9 251 \$ 28,947.62 \$ 115.33 10.913 \$ 3216.40 \$ 1258.59 LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MENTALLY ILL	0	0	.00	.00		.00	.00
LEV A-INTERMEDIATE 0 0 .00	DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE 0 0 .00		9	251 \$				3216.40	\$ 1258.59
LEV B-REHAB MD 0 0 .00		0	- '	•	•			
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00		Ó						
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00		0	0					
		Ō	0					
	LEV B-TRANSITIONAL IP CARE	Ō	_	.00	.00	.000	.00	.00
LEV B-REGULAR 9 251 28,947.62 115.33 10.913 3216.40 1258.59		9	251					

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@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

ICF DD

PATHOLOGY XO AND OTHERS	0 0	0 0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEG	C 2003	PAGE 2,340
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- BLIND	AID CODE	24		
					MONT	THLY AVERAG	E
23 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	14 \$	138.08	\$ 9.86	.609 \$	34.52	\$ 6.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.522	47.37	4.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.522	47.37	4.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	43.34	21.67	.087	21.67	1.88
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	17 \$	312.30	\$ 18.37	.739	\$ 34.70	\$ 13.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,341 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

DEL NORTE COUNTY	DOMINANCE OF DERC	VICED FOR MIN NO D	OC.	DISADDED 0-	. 00 0.	1 00 00 02				
							MOI	NTHLY AVERA	٤GE	
1,847 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	S AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,269	19,223 \$		659,139.46	5 \$	34.29	10.408	\$ 519.42	\$	356.87
@PHYSICIANS SERVICES	215	1,672 \$		19,949.50) \$	11.93	.905	\$ 92.79	\$	10.80
OUTPATIENT VISITS	59	92		3,407.34	l .	37.04	.050	57.75		1.84
OFFICE VISITS	51	68		2,430.95	5	35.75	.037	47.67		1.32
HOME VISITS	0	0		.00)	.00	.000	.00		.00
EMERGENCY ROOM	4	4		221.66	5	55.42	.002	55.42		.12
PREVENTIVE CARE	0	0		.00)	.00	.000	.00		.00
OB VISITS/COMPRE PERI	5	20		754.73	3	37.74	.011	150.95		.41
OTHER OUTPATIENT	0	0		.00)	.00	.000	.00		.00
INPATIENT VISITS	5	27		1,409.50)	52.20	.015	281.90		.76
HOSPITAL VISITS	5	23		1,048.50)	45.59	.012	209.70		.57
CRITICAL CARE	2	4		361.00)	90.25	.002	180.50		.20
SNF/ICF/TRANS IP CARE	0	0		.00)	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	8	9		361.58	3	40.18	.005	45.20		.20
EXAMINATIONS	8	9		361.58	3	40.18	.005	45.20		.20
SERVICES AND MATERIALS	0	0		.00)	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	7		1,799.76	5	257.11	.004	359.95		.97
PRINCIPAL SURGEON	5	7		1,799.76	5	257.11	.004	359.95		.97
ASSISTANT SURGEON	0	0		.00)	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00)	.00	.000	.00		.00
OUTPATIENT SURGERY	19	48		5,115.75	5	106.58	.026	269.25		2.77
PRINCIPAL SURGEON	17	23		4,777.68	3	207.73	.012	281.04		2.59
ASSISTANT SURGEON	0	0		.00)	.00	.000	.00		.00
ANESTHESIOLOGIST	2	25		338.07	7	13.52	.014	169.04		.18

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	16	33		841.62		25.50	.018		52.60		.46
RADIOLOGY	24	43		1,055.54		24.55	.023		43.98		.57
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		36.80		12.27	.002		18.40		.02
OTHER SERVICES/ALL X-OVERS	128	1,410		5,921.61		4.20	.763		46.26		3.21
@PHARMACY	1,018	10,705	\$	418,828.74	\$	39.12	5.796	\$	411.42	\$	226.76
PRESCRIPTION DRUGS	1,011	4,094		414,604.01		101.27	2.217		410.09		224.47
SNF/ICF	12	97		6,288.35		64.83	.053		524.03		3.40
OUTPATIENTS	999	3,997		408,315.66		102.16	2.164		408.72		221.07
MEDICAL SUPPLIES	46	6,611		4,224.73		.64	3.579		91.84		2.29
@DENTIST	48	211	\$	13,090.45	\$	62.04	.114	\$	272.72	\$	7.09
VISITS - DIAGNOSTIC	25	64		985.00		15.39	.035		39.40		.53
ORAL SURGERY	11	105		5,159.00		49.13	.057		469.00		2.79
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	5	5		500.00		100.00	.003		100.00		.27
PERIODONTICS	3	3		518.00		172.67	.002		172.67		.28
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	11	15		1,635.00		109.00	.008		148.64		.89
PROSTHETICS	1	1		.00		.00	.001		.00		.00
DENTURES, STAYPLATES	9	15		4,293.45		286.23	.008		477.05		2.32
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	3		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PP	AGE 2,342
MOP024	FEE-FOR-SERVICE/DE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR MN - N	O SOC	- DISABLED 64 6	6G 6E	I 6U 6V 62	X 8G				

----- MONTHLY AVERAGE -----1,847 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,720.43 @OPTOMETRIST \$ 21.59 .068 \$ 53.34 \$ 51 126 DIAGNOSTIC AND ANC. PROCED 15 16 684.62 42.79 .009 45.64 .37 EYE APPLIANCES 40 108 1,857.51 17.20 .058 46.44 1.01 2 OTHER OPTOMETRIC SERVICES 4 178.30 89.15 .001 44.58 .10 26 \$ \$ 14.28 @CHIROPRACTOR 12 371.36 .014 \$ 30.95 \$.20 21 .011 VISITS 351.12 16.72 31.92 .19 OTHER SERVICES 1 5 20.24 4.05 .003 20.24 .01 48 732.98 28 15.27 .026 \$ @PODIATRIST 26.18 \$.40 MEDICINE/INJECTIONS 11 11 240.60 21.87 .006 21.87 .13 SURGERY/ANES. 0 0 .00 .00 .000 .00 .00 34.60 RADIO./PATHOLOGY 1 17.30 .001 34.60 .02 OTHER 35 457.78 13.08 .019 28.61 .25 16 15 .008 \$ 1035.05 @HOME HEALTH AGENCY 1,035.05 69.00 .56 31 525.43 \$ 16.95 .017 \$ 105.09 .28 NURSE ANESTHESIST .00 \$.00 .000 \$.00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.000 \$.00 .00 0 .00 \$ FAMILY NURSE PRACTITIONER 0 .000 .00 .00 176 607 66,658.81 \$ 109.82 @TOTAL HOSPITAL .329 \$ 378.74 36.09 HOSP INPATIENT TOTAL 18 51 50,107.59 982.50 .028 2783.76 27.13 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 30 41,134.16 1371.14 .016 8226.83 22.27 .016 ACCOMMODATIONS 30 24,063.88 802.13 4812.78 13.03 0 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 24,063.88 ALL OTHER ACCOM 30 802.13 .016 4812.78 13.03 0 ANCILLARIES 17,070.28 .00 .000 3414.06 9.24 .011 21 8,973.43 427.31 690.26 INPATIENT CROSSOVERS 13 4.86 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	168	556		16,551.22		29.77	.301	98.52	8.96
MEDICAL	28	46		2,732.98		59.41	.025	97.61	1.48
SURGERY	13	16		745.37		46.59	.009	57.34	.40
PATHOLOGY	41	146		1,682.69		11.53	.079	41.04	.91
RADIOLOGY	29	50		3,376.86		67.54	.027	116.44	1.83
ROOM USE	33	52		2,650.78		50.98	.028	80.33	1.44
CROSSOVERS/ALL OTH OUTPTNT	110	246		5,362.54		21.80	.133	48.75	2.90
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES N	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,343
MOP024	FEE-FOR-SERVICE/DENTAL						_		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MN - No	o soc	C - DISABLED 64 (6G 6H	6U 6V 6X			
							MONT	HLY AVERA	GE

						M	ONT	HLY AVERA	.GE	
1,847 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176	607	\$ 66,658.81	\$	109.82	.329	\$	378.74	\$	36.09
COMM HOSP INPATIENT TOTAL	18	51	50,107.59		982.50	.028		2783.76		27.13
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	5	30	41,134.16	1	371.14	.016		8226.83		22.27
ACCOMMODATIONS	5	30	24,063.88		802.13	.016		4812.78		13.03
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	30	24,063.88		802.13	.016		4812.78		13.03
ANCILLARIES	5	0	17,070.28		.00	.000		3414.06		9.24
INPATIENT CROSSOVERS	13	21	8,973.43		427.31	.011		690.26		4.86
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	168	556	16,551.22		29.77	.301		98.52		8.96
MEDICAL	28	46	2,732.98		59.41	.025		97.61		1.48
SURGERY	13	16	745.37		46.59	.009		57.34		.40
PATHOLOGY	41	146	1,682.69		11.53	.079		41.04		.91
RADIOLOGY	29	50	3,376.86		67.54	.027		116.44		1.83
ROOM USE	33	52	2,650.78		50.98	.028		80.33		1.44
CROSSOVERS/ALL OTH OUTPTNT	110	246	5,362.54		21.80	.133		48.75		2.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	12	312	\$ 41,074.90	\$	131.65	.169	\$	3422.91	\$	22.24
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	12	312	41,074.90		131.65	.169		3422.91		22.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	68	\$	697.84	\$	10.26	.037	\$	697.84	\$.38
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	68		697.84		10.26	.037		697.84		.38
@REHABILITATION FACILITY	2	5	\$	126.66	\$	25.33	.003	\$	63.33	\$.07
HOSPITAL BASED	2	5		126.66		25.33	.003		63.33		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	43	154	\$	2,014.25	\$	13.08	.083	\$	46.84	\$	1.09
PATHOLOGY	43	154		2,014.25		13.08	.083		46.84		1.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	437	687	\$	49,534.50	\$	72.10	.372	\$	113.35	\$	26.82
CLINIC	2	3		47.49		15.83	.002		23.75		.03
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	435	684		49,487.01		72.35	.370		113.76		26.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 200	3 THRU	DEC	2003	PI	AGE 2,344
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	FOR MN - N	10 SOC	C - DISABLED 64 6	5G 6H	6U 6V 6X 8G					

----- MONTHLY AVERAGE -----1,847 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,556 \$ 31 0 41,778.56 22,209.06 \$ 9.17 @ALL OTHER PROVIDERS 186 2.467 \$ 224.62 \$ 22.62 2220.91 DURABLE MED. EQUIP. 10 12.02 .00 .00 BLOOD BANK 0 0 285 .00 HEARING AID DISPENSERS 0 .00 112.89 145.62 2,596.46 MEDICAL TRANSPORTATION 1.41 AMBULANCES/AIR TRANS 233 2,184.31 45 OTHER TRANS 399.24 66.54 . 22 12.91 .00 .00 .00 .00 OTHER SERVICES 7 6.46 .01 ACUPUNCTURE 0 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP 454.45 .49 0 119 .00 OCCUPATIONAL THERAPIST .00 .00 1,621.08 OPTICIAN 31.17 PHYSICAL THERAPIST 35 577.15 96.19 .31 PORTABLE X-RAY 0 .00 .00 .00 PROSTHETIST/ORTHOTISTS 14 1,783.68 445.92 .97 PROSTHETICS 14 1,783.68 445.92 .97 .00 ORTHOTICS 0 .00 .00 .00 .00 137.01 PSYCHOLOGIST .00 .00 274.02 SPEECH AND AUDIOLOGY .15 0 0 .00 .00 HOSPICE SERVICES 0 0 1,037 .00 NONINST BIRTHING CENTERS .00 .00 7,630.40 401.60 LOCAL EDUCATION AGENCIES 3 3,022 3 28 364 5,307 PATE INFORMATION TATE DETAIT 0 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 0 0 3,022 28 \$ 5,307 \$.00 .00 .00 .00 4,177.81 1.38 .00 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 ALL OTHER PROVIDERS 1.636 52.22 2.26 22,986.88 \$ @CALIF. CHILDREN SERVICES* 820.96 .015 \$ 7662.29 \$ 12.45 @XOVER EXCLUDING STATE HOSP** 29,154.33 \$ 5.49 2.873 \$ 110.43 \$ 15.78

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,345 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K DEL NORTE COUNTY

28,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,891	69,139	\$ 4,239,164.25	\$ 61.31	2.391	\$ 328.85	\$ 146.63
@PHYSICIANS SERVICES	1,790	3,925	\$ 194,383.34	\$ 49.52	.136	\$ 108.59	\$ 6.72
OUTPATIENT VISITS	899	1,230	43,438.67	35.32	.043	48.32	1.50
OFFICE VISITS	811	1,065	36,139.43	33.93	.037	44.56	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	59	3,281.59	55.62	.002	58.60	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	23	73	2,719.06	37.25	.003	118.22	.09
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	65	155	10,167.88	65.60	.005	156.43	.35
HOSPITAL VISITS	62	129	7,415.83	57.49	.004	119.61	.26
CRITICAL CARE	5	26	2,752.05	105.85	.001	550.41	.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	39	1,597.73	40.97	.001	49.93	.06

EXAMINATIONS	32	39		1,597.73	40.97	.001	49.93		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	80	372		36,952.25	99.33	.013	461.90		1.28
PRINCIPAL SURGEON	60	75		29,540.29	393.87	.003	492.34		1.02
ASSISTANT SURGEON	8	8		1,675.30	209.41	.000	209.41		.06
ANESTHESIOLOGIST	19	289		5,736.66	19.85	.010	301.93		.20
OUTPATIENT SURGERY	259	504		55,444.23	110.01	.017	214.07		1.92
PRINCIPAL SURGEON	249	371		52,855.44	142.47	.013	212.27		1.83
ASSISTANT SURGEON	1	1		101.08	101.08	.000	101.08		.00
ANESTHESIOLOGIST	13	132		2,487.71	18.85	.005	191.36		.09
DIALYSIS	8	12		2,011.82	167.65	.000	251.48		.07
PATHOLOGY	201	312		7,329.53	23.49	.011	36.47		.25
RADIOLOGY	515	669		19,608.10	29.31	.023	38.07		.68
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	14	20		175.67	8.78	.001	12.55		.01
OTHER SERVICES/ALL X-OVERS	325	612		17,657.46	28.85	.021	54.33		.61
@PHARMACY	6,908	22,984	\$	1,015,863.38	\$ 44.20		\$ 147.06		35.14
PRESCRIPTION DRUGS	6,866	16,470	т	1,003,495.88	60.93	.570	146.15		34.71
SNF/ICF	1	1		12.39	12.39	.000	12.39		.00
OUTPATIENTS	6,865	16,469		1,003,483.49	60.93	.570	146.17		34.71
MEDICAL SUPPLIES	117	6,514		12,367.50	1.90	.225	105.71		.43
@DENTIST	278	1,535	\$	67,161.00	\$ 43.75		\$ 241.59		2.32
VISITS - DIAGNOSTIC	212	721	٧	12,704.00	17.62	.025	59.92		.44
ORAL SURGERY	69	370		23,715.00	64.09	.013	343.70		.82
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	27	30		2,700.00	90.00	.001	100.00		.09
PERIODONTICS	2	2		110.00	55.00	.000	55.00		.00
ENDODONTICS	20	45		3,432.00	76.27	.002	171.60		.12
RESTORATIVE DENTISTRY	94	311		17,810.00	57.27	.011	189.47		.62
PROSTHETICS	2	2		60.00	30.00	.000	30.00		.00
DENTURES, STAYPLATES	12	20		6,070.00	303.50	.001	505.83		.21
SPACE MAINTAINERS	0	20		•	.00	.000	.00		.00
The state of the s	U	0		.00			50.00		
MAXILLOFACIAL SERVICES	/	/		350.00	50.00	.000			.01
FRACTURES, DISLOCATIONS	U	U		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1.2	/		210.00	30.00	.000	30.00		.01
ALL OTHER SERVICES	13	20		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	Ь	AGE 2,346
MOP024	FEE-FOR-SERVICE				- 4 - 5 - 5 - 5 - 5 - 5				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	TICES FOR MN-NOSC)C-FA	AM 34 39 3N 3T 3V	54 59 5J 5W-51				
00 011			_				ONTHLY AVER		
28,911 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	r units/day:	S COST PER		COST PER

28,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	-	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	409	1,030	\$	24,769.09	\$	24.05	.036	\$	60.56	\$.86
DIAGNOSTIC AND ANC. PROCED	307	309	•	14,005.09	•	45.32	.011	-	45.62	-	.48
EYE APPLIANCES	264	719		10,715.09		14.90	.025		40.59		.37
OTHER OPTOMETRIC SERVICES	2	2		48.91		24.46	.000		24.46		.00
@CHIROPRACTOR	239	441	\$	7,340.08	\$	16.64	.015	\$	30.71	\$.25
VISITS	238	439		7,323.36		16.68	.015		30.77		.25
OTHER SERVICES	1	2		16.72		8.36	.000		16.72		.00
@PODIATRIST	40	80	\$	3,458.86	\$	43.24	.003	\$	86.47	\$.12
MEDICINE/INJECTIONS	35	41		1,276.76		31.14	.001		36.48		.04
SURGERY/ANES.	2	3		685.03		228.34	.000		342.52		.02
RADIO./PATHOLOGY	12	23		380.60		16.55	.001		31.72		.01
OTHER	7	13		1,116.47		85.88	.000		159.50		.04
@HOME HEALTH AGENCY	6	16	\$	1,060.14	\$	66.26	.001	\$	176.69	\$.04
NURSE ANESTHESIST	183	963	\$	18,581.71	\$	19.30	.033	\$	101.54	\$.64
NURSE MIDWIFE	77	164	\$	30,881.97	\$	188.30	.006	\$	401.06	\$	1.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,122	17,759	\$	1,538,613.29	\$	86.64	.614	\$	492.83	\$	53.22

HOOD TAIDAMEDAM MOMAT	1.01	C0F		1 006 406 00	1460 20	004	FFC0 70		24 01
HOSP INPATIENT TOTAL	181	685		1,006,486.90	1469.32 1479.60	.024	5560.70		34.81
HSC HOSPITALS	9	30		44,388.00			4932.00		1.54
NON-HSC HOSPITAL TOTAL	170	635		•			5649.52		33.22
ACCOMMODATIONS	170	635		437,048.50	688.27		2570.87		15.12
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60		.02
TRANSITIONAL IP CARE	0	0		.00 436,585.90	.00	.000	.00		.00
ALL OTHER ACCOM	170	633		436,585.90	689.71	.022	2568.15		15.10
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	170	0		523,370.40 1,680.00 .00 532,126.39	.00	.000	3078.65		18.10
INPATIENT CROSSOVERS	2	20		1,680.00	84.00	.001	840.00		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,042	17,074		532,126.39	31.17	.591	174.93		18.41
MEDICAL	1,357	1,866		109,204.88	58.52	.065	80.48		3.78
		384		21,210.83	55.24	.013	69.77		.73
PATHOLOGY				61,237.49	12.78	.166	52.61		2.12
RADIOLOGY	1,147	1,495		93,483.88	62.53	.052	81.50		3.23
ROOM USE	1,815	2,744		103,398.31	37.68	.095	56.97		3.58
CROSSOVERS/ALL OTH OUTPTNT	1,534	5,792		143,591.00	24.79	.200	93.61		4.97
@COUNTY HOSPITAL TOTAL	2	5	\$	195.03	\$ 39.01	.000	\$ 97.52	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		195.03	39.01	.000	97.52		.01
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		5.63	5.63	.000	5.63		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	3		119.00	39.67	.000	119.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		70.40	70.40	.000	70.40		.00
#CALIF DEPT OF HEALTH SERV	-	EXDENDITIE	ES M					DΔ	GE 2,347
	FEE-FOR-SERVICE/DENTA					2000 111110 1			01/29/04
	SUMMARY OF SERVICES F		C-FA	M 34 39 3N 3T 377 5	54 59 5.T 5W-5	V 6.T 7.T 7K			01/20/04
DEE NOITE COUNT	DOFFILING OF DERVICES I	010 1111 11050	CIA	m. 21 27 21 31 31 3V 3	JI JJ JU JW-J		ONTHLY AVERA	GE -	
							OTATITUT WARIVE	. · · · · · ·	

USERS 28,911 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 86.65 @COMMUNITY HOSPITAL TOTAL 3,120 17,754 \$ 1,538,418.26 \$.614 \$ 493.08 53.21 1469.32 COMM HOSP INPATIENT TOTAL 181 685 1,006,486.90 .024 5560.70 34.81 HSC HOSPITALS 9 30 44,388.00 1479.60 .001 4932.00 1.54 170 1512.47 5649.52 33.22 NON-HSC HOSPITALS TOTAL 635 960,418.90 .022 170 635 437,048.50 688.27 .022 2570.87 15.12 ACCOMMODATIONS 2 462.60 231.30 .000 462.60 .02 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 170 689.71 15.10 633 436,585.90 2568.15 ALL OTHER ACCOM .022 170 0 523,370.40 .00 .000 3078.65 18.10 ANCILLARIES INPATIENT CROSSOVERS 20 1,680.00 84.00 .001 840.00 .06 ALL OTHER INPATIENT 0 0 .00 .000 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 3,040 17,069 531,931.36 31.16 .590 174.98 18.40 58.52 MEDICAL 1,357 1,866 109,204.88 .065 80.48 3.78 384 SURGERY 304 21,210.83 55.24 .013 69.77 .73 4,792 1,163 61,231.86 12.78 52.65 2.12 PATHOLOGY .166 RADIOLOGY 1,147 1,495 93,483.88 62.53 .052 81.50 3.23 1.814 2,741 103,279.31 37.68 56.93 3.57 ROOM USE .095 1,533 5,791 143,520.60 24.78 .200 93.62 4.96 CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL 0 0 .00 \$.00 .000 \$.00 \$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	307	\$	17,662.94	\$	57.53	.011	\$	2207.87	\$.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	307		17,662.94		57.53	.011		2207.87		.61
@REHABILITATION FACILITY	13	119	\$	3,114.59	\$	26.17	.004	\$	239.58	\$.11
HOSPITAL BASED	13	119		3,114.59		26.17	.004		239.58		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,020	3,024	\$	47,792.19	\$	15.80	.105	\$	46.86	\$	1.65
PATHOLOGY	1,020	3,024		47,792.19		15.80	.105		46.86		1.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,674	10,011	\$	1,147,160.31	\$.346	\$	171.88	\$	39.68
CLINIC	35	155		7,088.13		45.73	.005		202.52		. 25
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,644	9,856		1,140,072.18		115.67	.341		171.59		39.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MO	ONTH-OF-PAYMENT RI	EPOR:	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,348
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAI	M 34 39 3N 3T 3V !	54 59) 5J 5W-5Y					
							M	ONT	HLY AVERA	GE -	

					MON	IIHLI AVEKA	GE
28,911 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	928	6,781 \$	121,321.36	\$ 17.89	.235 \$	130.73	\$ 4.20
DURABLE MED. EQUIP.	39	75	10,603.79	141.38	.003	271.89	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	148	2,964	56,052.21	18.91	.103	378.73	1.94
AMBULANCES/AIR TRANS	147	2,945	36,925.39	12.54	.102	251.19	1.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	15	19	19,126.82	1006.67	.001	1275.12	.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,085.00	103.65	.003	103.65	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	248	527	4,892.63	9.28	.018	19.73	.17
PHYSICAL THERAPIST	89	767	11,665.42	15.21	.027	131.07	.40
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	485.43	53.94	.000	69.35	.02
PROSTHETICS	7	9	485.43	53.94	.000	69.35	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	78	3,390.22	43.46	.003	116.90	.12
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	281	2,181	21,503.50	9.86	.075	76.52	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

28 102 4,396.81 .004 .15 ALL OTHER PROVIDERS 43.11 157.03 @CALIF. CHILDREN SERVICES* 49 185 79,906.97 \$.006 \$ 1630.75 \$ 431.93 2.76 @XOVER EXCLUDING STATE HOSP** 157 4,682.63 \$ 29.83 .005 \$ 101.80 \$ 46 \$.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,349 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO SOC -	- TOTAL				_
20 400					MON		
32,499 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,474	105,275 \$	5,539,802.80	\$ 52.62	3.239 \$	358.01	\$ 170.46
@PHYSICIANS SERVICES	2,229	6,580 \$		\$ 34.71	.202 \$		
OUTPATIENT VISITS	970	1,338	47,481.01	35.49	.041	48.95	1.46
OFFICE VISITS	873	1,148	39,160.78	34.11	.035	44.86	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	61	64	3,547.85	55.44	.002	58.16	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	28	93	3,473.79	37.35	.003	124.06	.11
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	73	190	12,182.09	64.12	.006	166.88	.37
HOSPITAL VISITS	70	157	8,704.24	55.44	.005	124.35	.27
CRITICAL CARE	8	33	3,477.85	105.39	.001	434.73	.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	40	48	1,959.31	40.82	.001	48.98	.06
EXAMINATIONS	40	48	1,959.31	40.82	.001	48.98	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	86	380	38,834.66	102.20	.012	451.57	1.19
PRINCIPAL SURGEON	66	83	31,422.70	378.59	.003	476.10	.97
ASSISTANT SURGEON	8	8	1,675.30	209.41	.000	209.41	.05
ANESTHESIOLOGIST	19	289	5,736.66	19.85	.009	301.93	.18
OUTPATIENT SURGERY	279	553	60,855.21	110.05	.017	218.12	1.87
PRINCIPAL SURGEON	267	395	57,928.35	146.65	.012	216.12	1.78
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ASSISIANI SURGEON ANESTHESIOLOGIST	15	157	2,825.78	18.00	.005	188.39	.00
DIALYSIS	8	12	2,023.78	167.65	.000	251.48	.06
	218	346		23.76	.011	37.70	.25
PATHOLOGY	543	717	8,219.35	28.88	.022	38.13	
RADIOLOGY	0	717	20,706.49		.022		.64
PSYCHIATRY	-		.00	.00		.00	.00
IMMUNIZATION AND INJECTION	16	23	212.47	9.24	.001	13.28	.01
OTHER SERVICES/ALL X-OVERS	665	2,973	35,952.01	12.09	.091	54.06	1.11
@PHARMACY	8,994	43,034 \$	1,783,723.28	\$ 41.45	1.324 \$		•
PRESCRIPTION DRUGS	8,938	24,781	1,760,968.43	71.06	.763	197.02	54.19
SNF/ICF	54	387	23,236.86	60.04	.012	430.31	.72
OUTPATIENTS	8,886	24,394	1,737,731.57	71.24	.751	195.56	53.47
MEDICAL SUPPLIES	203	18,253	22,754.85	1.25	.562	112.09	.70
@DENTIST	356	1,836 \$	91,903.20	\$ 50.06	.056 \$		
VISITS - DIAGNOSTIC	251	823	14,199.75	17.25	.025	56.57	.44
ORAL SURGERY	83	500	29,980.00	59.96	.015	361.20	.92
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	32	35	3,200.00	91.43	.001	100.00	.10
PERIODONTICS	5	5	628.00	125.60	.000	125.60	.02
ENDODONTICS	20	45	3,432.00	76.27	.001	171.60	.11
RESTORATIVE DENTISTRY	108	332	20,080.00	60.48	.010	185.93	.62
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	32	56	19,763.45	352.92	.002	617.61	.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	7 16 MEDI-CAL SERVIC FEE-FOR-SERVICE	7 23 ES AND EXPENDITURI	ES MO	210.00 .00 DNTH-OF-PAYMENT RE	EPORT	30.00 .00 FOR JAN 2	.000 .001 2003 THRU DE	30.00 .00 C 2003	P.	.01 .00 AGE 2,350 01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- TOTAL						, , , ,
							MON	THLY AVERAG	ΞE	
32,499 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	484	1,208	\$	28,605.70	\$	23.68	.037 \$	59.10	\$.88
DIAGNOSTIC AND ANC. PROCED	327	329		14,879.51		45.23	.010	45.50		.46
EYE APPLIANCES	322	873		13,369.48		15.31	.027	41.52		.41
OTHER OPTOMETRIC SERVICES	9	6		356.71		59.45	.000	39.63		.01
@CHIROPRACTOR	255	472	\$	7,795.04	\$	16.51	.015 \$	30.57	\$.24
VISITS	251	463		7,724.64		16.68	.014	30.78		.24
OTHER SERVICES	4	9		70.40		7.82	.000	17.60		.00
@PODIATRIST	98	173	\$	4,670.31	\$	27.00	.005 \$	47.66	\$.14

MEDICINE/INJECTIONS	46	52		1,517.36		29.18	.002		32.99		.05
SURGERY/ANES.	2	3		685.03		228.34	.000		342.52		.02
RADIO./PATHOLOGY	13	25		415.20		16.61	.001		31.94		.01
OTHER	53	93		2,052.72		22.07	.003		38.73		.06
@HOME HEALTH AGENCY	9	45 \$:	3,098.50	\$	68.86		\$		\$.10
	188										
NURSE ANESTHESIST				19,107.14	\$	19.22	.031	\$	101.63	\$.59
NURSE MIDWIFE	77	164 \$	5	30,881.97		188.30		\$	401.06	\$.95
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,510	19,091 \$	5	1,686,315.18	\$	88.33	.587	\$	480.43	\$	51.89
HOSP INPATIENT TOTAL	3,510 243	895		1,126,421.36		1258.57	.028		4635.48		34.66
HSC HOSPITALS	9	30		44,388.00		1479.60	.001		4932.00		1.37
	177	675		1,037,935.41		1537.68	.021		5864.04		31.94
NON-HSC HOSPITAL TOTAL											
ACCOMMODATIONS	177	675		471,494.18		698.51	.021		2663.81		14.51
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.01
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	177 177 57	673		471,031.58		699.90	.021		2661.20		14.49
ANCILLARIES	177	0		566,441.23		.00	.000		3200.23		17.43
INPATIENT CROSSOVERS	57	190		44,097.95		232.09	.006		773.65		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3 406	18,196		559,893.82		30.77	.560		164.38		17.23
MEDICAL	1 200	1,917		112,848.14		58.87	.059		81.30		3.47
MEDICAL	3,406 1,388 317	400				54.89			69.26		.68
SURGERI	31/			21,956.20			.012				
PATHOLOGY	1,208	4,943		62,987.04		12.74	.152		52.14		1.94
RADIOLOGY	1,183	1,552		97,043.77		62.53	.048		82.03		2.99
ROOM USE	1,851	2,801		106,340.16		37.97	.086		57.45		3.27
CROSSOVERS/ALL OTH OUTPTNT		6,583		158,718.51		24.11	.203		86.59		4.88
@COUNTY HOSPITAL TOTAL	6	11 \$	5	1,084.29	\$	98.57	.000	\$	180.72	\$.03
CO HOSPITAL INPATIENT TOTAL	1	3		840.00		280.00	.000		840.00		.03
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0	0					.000				
ALL OTHER ACCOM	0	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.000		840.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	8		244.29		30.54	.000		48.86		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.63		5.63	.000		5.63		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		119.00		39.67	.000		119.00		.00
CROSSOVERS/ALL OTH OUTPINT		4		119.66		29.92	.000		29.92		.00
		S AND EXPENDITURES	י ארטאדי		יםסחים			סייוכ		D 7	AGE 2,351
			MOIN.	IH-OF-PAYMENI R	EPOR	I FOR JAN .	2003 IHRU L)EC	2003	PA	
	FEE-FOR-SERVICE/			5053 I							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - NO S	SOC -	TOTAL							
							MC				
32,499 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,504	19,080 \$	5	1,685,230.89	\$.587	\$	480.94	\$	51.85
COMM HOSP INPATIENT TOTAL	242	892		1,125,581.36		1261.86	.027		4651.16		34.63

HSC HOSPITALS 44,388.00 1479.60 4932.00 9 30 .001 1.37 NON-HSC HOSPITALS TOTAL 177 675 1,037,935.41 1537.68 .021 5864.04 31.94 177 675 471,494.18 698.51 .021 2663.81 14.51 ACCOMMODATIONS 462.60 231.30 ADMINISTRATIVE DAYS 1 2 .000 462.60 .01 .00 2661.20 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 177 471,031.58 ALL OTHER ACCOM 673 699.90 .021 14.49 566,441.23 ANCILLARIES 177 0 .00 .000 3200.23 17.43

INPATIENT CROSSOVERS	56	187		43,257.95		231.33	.006		772.46		1.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL		18,188		559,649.53		30.77	.560		164.55		17.22
MEDICAL	1,388	1,917		112,848.14		58.87	.059		81.30		3.47
SURGERY	317	400		21,956.20		54.89	.012		69.26		.68
PATHOLOGY	1,207	4,942		62,981.41		12.74	.152		52.18		1.94
RADIOLOGY	1,183	1,552		97,043.77		62.53	.048		82.03		2.99
ROOM USE		2,798		106,221.16		37.96	.086		57.42		3.27
CROSSOVERS/ALL OTH OUTPTNT	1,829	6,579		158,598.85		24.11	.202		86.71		4.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	56	1,494	\$	187,617.72	\$	125.58	.046	\$	3350.32	\$	5.77
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,494		187,617.72		125.58	.046		3350.32		5.77
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	375	\$	18,360.78	\$	48.96	.012	\$	2040.09	\$.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	375		18,360.78		48.96	.012		2040.09		.56
@REHABILITATION FACILITY	15	124	\$	3,241.25	\$	26.14	.004	\$		\$.10
HOSPITAL BASED	15	124		3,241.25		26.14	.004		216.08		.10
INDEPENDENT FACILITY @LABORATORY FACILITY	15 0 1,074	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,074	3,208	\$	50,142.33	\$	15.63	.099	\$	46.69	\$	1.54
PATHOLOGY	1,074	3,208		50,142.33		15.63	.099		46.69		1.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7,358	11,097	\$	1,217,926.94	\$	109.75	.341	\$	165.52	\$	37.48
CLINIC	37	158		7,135.62		45.16	.005		192.85		.22
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,326	10,939		1,210,791.32		110.69	.337		165.27		37.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,352
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	S FOR MN - N	O SOC	- TOTAL							
								INON	HLY AVERA	GE -	
20 400			_					- ~	~~~		~~~

					1.01		-
32,499 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,331	15,380	\$ 177,999.04	\$ 11.57	.473	\$ 133.73	\$ 5.48
DURABLE MED. EQUIP.	60	127	35,090.56	276.30	.004	584.84	1.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	400.09	400.09	.000	400.09	.01
MEDICAL TRANSPORTATION	184	3,419	59,313.21	17.35	.105	322.35	1.83
AMBULANCES/AIR TRANS	162	3,178	39,109.70	12.31	.098	241.42	1.20
OTHER TRANS	12	73	620.30	8.50	.002	51.69	.02
OTHER SERVICES	24	168	19,583.21	116.57	.005	815.97	.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,085.00	103.65	.002	103.65	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	908.90	129.84	.000	454.45	.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	335	732	7,816.67	10.68	.023	23.33	.24
PHYSICAL THERAPIST	95	802	12,242.57	15.27	.025	128.87	.38
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	25	2,346.39	93.86	.001	195.53	.07

PROSTHETICS	12	25	2,346.39	93.86	.001	195.53	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	35	89	4,715.57	52.98	.003	134.73	.15
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	300	3,218	29,133.90	9.05	.099	97.11	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	275	6,882	17,699.83	2.57	.212	64.36	.54
@CALIF. CHILDREN SERVICES*	52	213	\$ 102,893.85	\$ 483.07	.007	\$ 1978.73	\$ 3.17
@XOVER EXCLUDING STATE HOSP**	789	8,740	\$ 107,223.38	\$ 12.27	.269	\$ 135.90	\$ 3.30

PAGE 2,353

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

DEL NORIE COUNTY	SUMMARY OF SER	VICES FOR MIN - SOC - AGED		AID CODE I/			
					MON'		
84 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	113	575 \$	40,326.67	\$ 70.13	6.845 \$	356.87	\$ 480.08
@PHYSICIANS SERVICES	24	156 \$	2,498.30	\$ 16.01	1.857 \$	104.10	\$ 29.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	90.69	90.69	.012	90.69	1.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	155	2,407.61	15.53	1.845	100.32	28.66
@PHARMACY	69	239 \$	30,266.02	\$ 126.64	2.845 \$	438.64	\$ 360.31
PRESCRIPTION DRUGS	69	239	30,266.02	126.64	2.845	438.64	360.31
SNF/ICF	4	27	1,336.99	49.52	.321	334.25	15.92
OUTPATIENTS	65	212	28,929.03	136.46	2.524	445.06	344.39
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2 \$.00	\$.00	.024 \$.00	\$.00
VISITS - DIAGNOSTIC	1	2	.00	.00	.024	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DRUGS	0	0	.00	.00	.000	.00		00
ANESTHESIA	0	0	.00	.00	.000	.00		00
PERIODONTICS	0	0	.00	.00	.000	.00		00
ENDODONTICS	0	0	.00	.00	.000	.00	_ (00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		00
PROSTHETICS	0	0	.00	.00	.000	.00		00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	_ (00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2	,354
MOP024	FEE-FOR-SERVICE/	DENTAL					01/2	9/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- AGED	AID CODE 17	1Y			
					MON	THLY AVERA	GE	
84 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST P	ER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIB:	LE
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.036 \$	53.11	\$.	63
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	_ (00
EYE APPLIANCES	1	3	53.11	17.70	.036	53.11	_ (63
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	. !	00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.	00
7/TCTTC	0	0	0.0	0.0	000	0.0		$\cap \cap$

	(OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.036 \$	53.11	\$.63
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	.00	•	.00
EYE APPLIANCES	1	3		53.11		17.70	.036	53.11		.63
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	Ġ	.00
VISITS	0	Ō	•	.00	•	.00	.000	.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	1	1	\$	3.24	\$	3.24	.012 \$	3.24	Ġ	.04
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	1		3.24		3.24	.012	3.24		.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	13	45	\$	3,960.29	\$	88.01	.536 \$	304.64	\$	47.15
HOSP INPATIENT TOTAL	4	23	-	3,360.00	•	146.09	.274	840.00	-	40.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	23		3,360.00		146.09	.274	840.00		40.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10	22		600.29		27.29	.262	60.03		7.15
MEDICAL	1	1		33.78		33.78	.012	33.78		.40
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		32.94		32.94	.012	32.94		.39
CROSSOVERS/ALL OTH OUTPINT	10	20		533.57		26.68	.238	53.36		6.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,355
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON	ITHLY AVERAG	E
84 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			DEB	ΙΙΝΤΤ/ΓΙΔΥ	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	45	\$	3,960.29	\$	88.01	_	\$	304.64		47.15
COMM HOSP INPATIENT TOTAL	4	23	~	3,360.00	Υ	146.09	.274	Ψ	840.00	٧	40.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	23		3,360.00		146.09	.274		840.00		40.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	22		600.29		27.29	.262		60.03		7.15
MEDICAL	1	1		33.78		33.78	.012		33.78		.40
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1									
ROOM USE	10			32.94		32.94	.012		32.94		.39
CROSSOVERS/ALL OTH OUTPTNT	10	20	4	533.57	4	26.68	.238	ė.	53.36	4	6.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00	4	.00	.000	4	.00	4	.00
@NURSING FACILITY	2	19	\$	1,849.90	\$	97.36	. 226	\$	924.95	\$	22.02
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	19		1,849.90		97.36	.226		924.95		22.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@LABORATORY FACILITY	1	2	\$	33.98	\$	16.99	.024	\$	33.98	\$.40
PATHOLOGY	1	2		33.98		16.99	.024		33.98		.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	16	\$	667.91	\$	41.74	.190	\$	55.66	\$	7.95
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	16		667.91		41.74	.190		55.66		7.95
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,356
MOP024	FEE-FOR-SERVICE						_				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	AGED	AI	D CODE 17					
0.4			_				M				
84 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
OLI OTHER RECUIRES	0.1	OR DAYS OF CARE		222 22			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	21		\$	993.92	\$	10.80	1.095	Ş	47.33	Ş	11.83
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	45		648.95		14.42	.536		324.48		7.73
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	4		31.58		7.90	.048		31.58		.38

OTHER SERVICES	1	41	617.37	15.0	6 .488	617.37	7.35
ACUPUNCTURE	0	0	.00	.0	0 .000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0 .000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	0 .000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	4	7	78.41	11.2	0 .083	19.60	.93
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0	0 .000	.00	.00
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
ORTHOTICS	0	0	.00	.0	0 .000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	0 .000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.0	0 .000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	15	40	266.56	6.6	6 .476	17.77	3.17
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	252	\$ 7,127.84	\$ 28.2	9 3.000	\$ 165.76	\$ 84.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OM!!!!!

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,357
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 RADIOLOGY 0 .000 .00 0 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	•	.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTH-	-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE	2,358
MOP024	FEE-FOR-SERVICE/	DENTAL						01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - SO	C - BLINI)	AID CODE	27			
						-	THLY AVERAG		
00 ELIGIBLES	USERS	JNITS OF SERVICE	I	EXPENDITURES	AVERAGE COST		COST PER	COST	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIG	
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		. 0.0	. 0.0	. 000	. 0.0		. 00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0 2	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI GEDVICI	S AND EXPENDITURES MO					PAGE 2,359
MOP024	FEE-FOR-SERVICE		NIH-OF-PAIMENI RE	PORT FOR UAIN 2	OUS IRKO DE	2003	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI		LIND	AID CODE	27		01/29/04
DEL NORTE COUNTT	SUMMART OF SERVI	CES FOR MM - SOC - B	DIND	AID CODE	MON'	אַר אַזידע	~₽
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EDIGIBLES	CALKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ó	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

HOSPITAL BASED	0	0	.00)	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00) \$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00)	.00	.000	.00		.00
XO AND OTHERS	0	0	.00)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00) \$.00	.000 \$.00	\$.00
CLINIC	0	0	.00)	.00	.000	.00		.00
SURGICENTER	0	0	.00)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2003	THRU DEC	2003	PAGE	2,360
MOP024	FEE-FOR-SERVICE/DENTAL	_						01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE 27				

						110111		-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVE	TN AC A CEDARA	TT MOTTAMACHMI TT	V.TMO Mar	• •				

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,361
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

DOIMERT OF DELL	0 _ 0 _ 0	. 200		21011222	0022		V =			
							MC	NTHLY AVERA	AGE	
USERS	UNITS OF SE	RVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF	CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
100	1,2	230	\$	86,727.61	\$	70.51	15.769	\$ 867.28	\$	1111.89
30		92	\$	3,966.67	\$	43.12	1.179	\$ 132.22	\$	50.85
11		13		472.21		36.32	.167	42.93		6.05
8		10		256.70		25.67	.128	32.09		3.29
0		0		.00		.00	.000	.00		.00
2		2		89.20		44.60	.026	44.60		1.14
0		0		.00		.00	.000	.00		.00
1		1		126.31		126.31	.013	126.31		1.62
0		0		.00		.00	.000	.00		.00
2		5		251.61		50.32	.064	125.81		3.23
2		5		251.61		50.32	.064	125.81		3.23
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
0		0		.00		.00	.000	.00		.00
2		5		937.08		187.42	.064	468.54		12.01
2		5		937.08		187.42	.064	468.54		12.01
	100	OR DAYS OF 100 1,2	OR DAYS OF CARE 100 1,230 30 92 11 13	OR DAYS OF CARE 100	OR DAYS OF CARE 100	OR DAYS OF CARE 100	OR DAYS OF CARE PER UNIT/DAY 100 1,230 \$ 86,727.61 \$ 70.51 30 92 \$ 3,966.67 \$ 43.12 11 13 472.21 36.32 8 10 256.70 25.67 0 0 .00 .00 2 2 89.20 44.60 0 0 .00 .00 1 1 126.31 126.31 0 0 .00 .00 2 5 251.61 50.32 2 5 251.61 50.32 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	USERS	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 100 1,230 \$ 86,727.61 \$ 70.51 15.769 \$ 867.28 \$ 30 92 \$ 3,966.67 \$ 43.12 1.179 \$ 132.22 \$ 11 13 472.21 36.32 .167 42.93 \$ 8 10 256.70 25.67 .128 32.09 \$ 0 0 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

AND CHILD COLOR	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ü	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	13		723.03		55.62	.167		180.76		9.27
PRINCIPAL SURGEON	4	5		572.98		114.60	.064		143.25		7.35
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	8		150.05		18.76	.103		150.05		1.92
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	4		94.04		23.51	.051		23.51		1.21
RADIOLOGY	q	17		408.35		24.02	.218		45.37		5.24
PSYCHIATRY	0	0		.00.		.00	.000		.00		.00
	0										
IMMUNIZATION AND INJECTION		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	35		1,080.35		30.87	.449		90.03		13.85
@PHARMACY	55	729	\$		\$		9.346	\$		\$	612.46
PRESCRIPTION DRUGS	54	329		47,671.68		144.90	4.218		882.81		611.18
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	54	329		47,671.68		144.90	4.218		882.81		611.18
MEDICAL SUPPLIES	1	400		100.37		.25	5.128		100.37		1.29
@DENTIST	2	22	\$	25.00	\$	1.14	.282	Ś	12.50	\$.32
VISITS - DIAGNOSTIC	2	2	٧	25.00	٧	12.50	.026	Y	12.50	Y	.32
	1	19		.00		.00	.244		.00		
ORAL SURGERY	0										.00
DRUGS	U	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		.00		.00	.013		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0 0		.00		.00	.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE	S AND EXPENDITUR	ES M		EPOR'	.00	.000	DEC	.00	P.	.00 AGE 2,362
ALL OTHER SERVICES	0	S AND EXPENDITUR	ES M	.00	EPOR'	.00	.000	DEC	.00	P#	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITUR		.00 IONTH-OF-PAYMENT RI		.00	.000 2003 THRU	DEC	.00	ΡA	.00 AGE 2,362
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITUREDENTAL		.00 IONTH-OF-PAYMENT RI		.00 F FOR JAN	.000 2003 THRU		2003		.00 AGE 2,362 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITUREDENTAL CES FOR MN - SO	C -	.00 IONTH-OF-PAYMENT RE	CODE	.00 I FOR JAN S 65 67 6W	.000 2003 THRU 6Y	ONT	.00 2003 HLY AVERA	.GE -	.00 AGE 2,362 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITUREDENTAL CES FOR MN - SOU UNITS OF SERVICE	C -	.00 IONTH-OF-PAYMENT RI	CODES	.00 I FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M UNITS/DAY	ONT:	.00 2003 HLY AVERA COST PER	.GE -	.00 AGE 2,362 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITUREDENTAL CES FOR MN - SOU UNITS OF SERVICE OR DAYS OF CARE	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES	CODE: AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.000 2003 THRU 6Y M UNITS/DAY PER ELIG	ONT S	.00 2003 HLY AVERA COST PER USER	.GE - (.00 AGE 2,362 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5	S AND EXPENDITUREDENTAL CES FOR MN - SOU UNITS OF SERVICE OR DAYS OF CARE 9	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 271.02	CODES	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115	ONT S	.00 2003 HLY AVERA COST PER USER 54.20	.GE - (.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURED DENTAL CES FOR MN - SOU UNITS OF SERVICE OR DAYS OF CARE 9 2	C -	.00 IONTH-OF-PAYMENT REDISABLED AID CONTROL EXPENDITURES 271.02 94.90	CODE: AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026	ONT S	.00 2003 HLY AVERA COST PER USER 54.20 47.45	.GE - (.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7	C -	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67	CODE: AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090	ONT S	.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89	.GE - (.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0	C -	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45	AVI PEI \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000	ONT S \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45	.GE - (I \$.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0	C -	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67	CODE: AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090	ONT S \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89	.GE - (I \$.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0	C -	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45	AVI PEI \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000	ONT S \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45	.GE - (I \$.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0	C -	.00 IONTH-OF-PAYMENT RE DISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00	AVI PEI \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000	ONT S \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00	.GE - (I \$.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1	S AND EXPENDITUREDENTAL CES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00	AVI PEI \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000	ONT S \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00	GE - (F \$.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C - \$.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00 .00 .00 .00	GE - (I	.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000 .000 .000 .00	ONT. S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - 0 I	.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1 0 0 0 0 0 0 0 0 0 0 0 19	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0 0 0 0 0 119 21	-	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000 .000 .000 .00	ONT. S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - 0 I	.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1 0 0 0 0 0 0 0 0 0 0 19 7	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0 0 0 0 119 21	-	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000 .000 .000 .00	ONT. S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - 0 I	.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5 2 3 1 0 0 0 0 0 0 0 0 0 19 7	S AND EXPENDITUREDENTAL CES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 9 2 7 0 0 0 0 0 0 0 0 0 119 21	-	.00 IONTH-OF-PAYMENT REDISABLED AID (EXPENDITURES 271.02 94.90 128.67 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$ \$ \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 30.11 47.45 18.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .115 .026 .090 .000 .000 .000 .000 .000 .000 .00	ONT. S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 54.20 47.45 42.89 47.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - 0 I	.00 AGE 2,362 01/29/04 COST PER ELIGIBLE 3.47 1.22 1.65 .61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

ASSISTANT SURGEON

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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	-					
ALL OTHER ACCOM	4	12	8,766.86	730.57	.154	2191.72	112.40
ANCILLARIES	4	0	12,060.81	.00	.000	3015.20	154.63
INPATIENT CROSSOVERS	3	9	2,294.26	254.92	.115	764.75	29.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
-	0	-					
HOSP OUTPATIENT TOTAL	14	98	3,548.81	36.21	1.256	253.49	45.50
MEDICAL	6	17	851.20	50.07	.218	141.87	10.91
SURGERY	2	2	31.34	15.67	.026	15.67	.40
PATHOLOGY	6	28	385.20	13.76	.359	64.20	4.94
	0						
RADIOLOGY	5	8	577.32	72.17	.103	115.46	7.40
ROOM USE	6	15	560.20	37.35	.192	93.37	7.18
CROSSOVERS/ALL OTH OUTPTNT	10	28	1,143.55	40.84	.359	114.36	14.66
	10		•				
@COUNTY HOSPITAL TOTAL	Ū		.00	\$.00	.000		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		G	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MOI	.00	.00	.000	.00	.00 PAGE 2,363
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MOI	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN	.000 2003 THRU D	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MOI	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN	.000 2003 THRU D	.00 EC 2003	.00 PAGE 2,363 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES MOI	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN CODES 65 67 6W	.000 2003 THRU D 6Y	.00 EC 2003 NTHLY AVERA	.00 PAGE 2,363
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES MOI C/DENTAL VICES FOR MN - SOC - D	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN CODES 65 67 6W	.000 2003 THRU D 6Y	.00 EC 2003 NTHLY AVERA	.00 PAGE 2,363 01/29/04 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODELLY COMMONDARY COMM	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST	.000 2003 THRU D 6Y MO UNITS/DAYS	.00 EC 2003 NTHLY AVERA COST PER	.00 PAGE 2,363 01/29/04 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES MOD COMMON TO THE SERVICE UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG	.00 EC 2003 NTHLY AVERA COST PER USER	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL OF THE SERVICE OR DAYS OF CARE 119 \$.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES MOD COMMON TO THE SERVICE UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL OF THE SERVICE OR DAYS OF CARE 119 \$.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL OF COMMENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 119 \$ 21 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODELL CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 303.13 .00 5206.92	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODELLO CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57	.000 2003 THRU D 6Y MO. UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 303.13 .00 5206.92	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODELLO CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12	.00 NTH-OF-PAYMENT RESISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 0 0 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL/DENTAL VICES FOR MN - SOC - DEVICE UNITS OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 12	.00 NTH-OF-PAYMENT RESISABLED AID OF EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .000 .154	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL CONTROL OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 0 0 12 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 12 0 0 0 12 0 0 0 12 0 0 0 12 0 0 0 12 0 0 0 12 0 0 0 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .000 .000 .154 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 112.40 154.63
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL CONTROL OF CARE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 12 12 0 0 9	.00 NTH-OF-PAYMENT RESISABLED AID OF EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .000 .154 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURES MODEL CONTROL OF CARE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 12 12 0 0 9	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81 2,294.26	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57 .00 254.92	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .000 .154 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20 764.75	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 112.40 154.63 29.41
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 19 7 0 4 4 4 3 0 14 6 2 6 5 6 10 0 0 0	ES AND EXPENDITURES MODEL OF COMMENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 0 12 12 12 0 0 9 8 17 2 28 8 8 15 28 0 \$ 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81 2,294.26 .00 3,548.81 851.20 31.34 385.20 577.32 560.20 1,143.55 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57 .00 254.92 .00 36.21 50.07 15.67 13.76 72.17 37.35 40.84 \$.00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .000 .155 .000 .155 .000 .115 .000 .1256 .218 .026 .359 .103 .192 .359 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20 764.75 .00 253.49 141.87 15.67 64.20 115.67 64.20 115.67 64.36 93.37 114.36 \$.00 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .112.40 154.63 29.41 .00 45.50 10.91 .40 4.94 7.40 7.18 14.66 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	ES AND EXPENDITURES MODEL OF COMMENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 0 12 12 12 0 0 98 17 2 28 8 8 15 28 0 \$ 0 0 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81 2,294.26 .00 3,548.81 851.20 31.34 385.20 577.32 560.20 1,143.55 .00 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57 .00 254.92 .00 36.21 50.07 15.67 13.76 72.17 37.35 40.84 \$.00 .00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .154 .000 .155 .000 .155 .000 .155 .000 .105 .000 .115 .000 .105 .000 .105 .000 .105 .000 .105 .000 .105 .000 .105 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3003.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20 764.75 .00 253.49 141.87 15.67 64.20 115.46 93.37 114.36 \$.00 .00 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .112.40 154.63 29.41 .00 45.50 10.91 .40 4.94 7.40 7.18 14.66 \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 19 7 0 4 4 4 3 0 14 6 2 6 5 6 10 0 0 0 0 0 0	ES AND EXPENDITURES MODEL OF THE PROPERTY OF SERVICE OR DAYS OF CARE 119 \$ 21 0 0 12 12 12 0 0 0 12 12 12 0 0 98 17 2 28 8 8 15 28 0 \$ 0 0 0 0 \$ 0 0 \$ 0 \$ 0 0 \$ \$ 0 \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ \$ 0 0 \$ \$ \$ \$ \$ \$ \$ 0 0 \$.00 NTH-OF-PAYMENT RESISTABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81 2,294.26 .00 3,548.81 851.20 31.34 385.20 577.32 560.20 1,143.55 .00 .00 .00 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57 .00 254.92 .00 36.21 50.07 15.67 13.76 72.17 37.35 40.84 \$.00 .00 \$.00 \$.00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .154 .000 .155 .000 .155 .000 .115 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3303.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20 764.75 .00 253.49 141.87 15.67 64.20 115.46 93.37 114.36 \$.00 .00 \$.00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .112.40 154.63 29.41 .00 45.50 10.91 .40 4.94 7.40 7.18 14.66 \$.00 .00 \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 78 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	ES AND EXPENDITURES MODEL OF COMMENTAL VICES FOR MN - SOC - DE UNITS OF SERVICE OR DAYS OF CARE 119 \$ 21 0 12 12 12 0 0 0 12 12 12 0 0 98 17 2 28 8 8 15 28 0 \$ 0 0 0	.00 NTH-OF-PAYMENT RE ISABLED AID (EXPENDITURES 26,670.74 23,121.93 .00 20,827.67 8,766.86 .00 .00 8,766.86 12,060.81 2,294.26 .00 3,548.81 851.20 31.34 385.20 577.32 560.20 1,143.55 .00 .00 .00	.00 EPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 224.12 1101.04 .00 1735.64 730.57 .00 .00 730.57 .00 254.92 .00 36.21 50.07 15.67 13.76 72.17 37.35 40.84 \$.00 .00 .00	.000 2003 THRU D 6Y MO UNITS/DAYS PER ELIG 1.526 .269 .000 .154 .154 .000 .154 .000 .155 .000 .155 .000 .155 .000 .105 .000 .115 .000 .105 .000 .105 .000 .105 .000 .105 .000 .105 .000 .105 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER \$ 1403.72 3003.13 .00 5206.92 2191.72 .00 .00 2191.72 3015.20 764.75 .00 253.49 141.87 15.67 64.20 115.46 93.37 114.36 \$.00 .00 .00	.00 PAGE 2,363 01/29/04 GE COST PER ELIGIBLE \$ 341.93 296.44 .00 267.02 112.40 .00 .112.40 154.63 29.41 .00 45.50 10.91 .40 4.94 7.40 7.18 14.66 \$.00 .00

LEV B-REHAB MD	0		Λ			00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			00		.00	.000		.00		.00
	0		0										
LEV B-SUBACUTE HSPTL BASED	0		-			00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U		0			00		.00	.000		.00		.00
LEV B-REGULAR	0		0			00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$			\$.00	.000	\$.00	\$.00
ICF DDH	0		0		. (00		.00	.000		.00		.00
ICF DD	0		0		. (00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		. (00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$			\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		Ö	Υ		00	т	.00	.000	Τ.	.00	~	.00
	0		0			00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0						4			4			
@REHABILITATION FACILITY	U		0	\$			\$.00	.000	\$.00	\$.00
HOSPITAL BASED	Ü		0			00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0			00		.00	.000		.00		.00
@LABORATORY FACILITY	3		23	\$	241.8	88	\$ 1	0.52	. 295	\$	80.63	\$	3.10
PATHOLOGY	3		23		241.8	88	1	0.52	.295		80.63		3.10
XO AND OTHERS	0		0			00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	26		48	\$	4,128.		\$ 8	6.01	.615	Ġ	158.79	\$	52.93
CLINIC	20		0	Y		00	γ	.00	.000	Ÿ	.00	Ÿ	.00
	0		-										
SURGICENTER	U		0			00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			00	_	.00	.000		.00		.00
RURAL HEALTH CLINIC	26		48		4,128.			6.01	.615		158.79		52.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITU	RES	MONTH-OF-PAYMENT	T REP	ORT FC	R JAN	2003 THRU	DEC	2003	P	AGE 2,364
MOP024	FEE-FOR-SERVICE/	DENTAL											01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	MN - S	OC -	- DISABLED A	ID CO	DES 65	67 6W	I 6Y				
										ONTI	LY AVERA	GE	
78 ELIGIBLES	USERS	UNITS OF	SERVIC	'E	EXPENDITUR	ES	AVERAG	E COST	UNITS/DA				COST PER
70 HHIGIDHED	OBERB	OR DAYS			121 1101 1010				PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	21	OK DAIS			2 6E1 '			.9.42			173.89		46.82
			188	\$	3,651.		Э Т		2.410	Ą		Ą	
DURABLE MED. EQUIP.	0		0			00		.00	.000		.00		.00
BLOOD BANK	0		0			00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0			00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6		154		3,018.	68	1	9.60	1.974		503.11		38.70
AMBULANCES/AIR TRANS	6		153		1,743.0	68	1	1.40	1.962		290.61		22.35
OTHER TRANS	0		0		. (00		.00	.000		.00		.00
OTHER SERVICES	1		1		1,275.	0.0	127	5.00	.013		1275.00		16.35
ACUPUNCTURE	0		Ō			00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0			00		.00	.000		.00		.00
	1		1				1.0						
GENETIC DISEASE TESTING	Τ.		Τ.		105.0		10	5.00	.013		105.00		1.35
IHMC, MODEL-NF, NF, AIDS, MSSP	U		0			00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0			00		.00	.000		.00		.00
OPTICIAN	3		7		128.3	28	1	.8.33	.090		42.76		1.64
PHYSICAL THERAPIST	0		0		. (00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		. (00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		. (00		.00	.000		.00		.00
PROSTHETICS	0		0			00		.00	.000		.00		.00
ORTHOTICS	0		0			00		.00	.000		.00		.00
	0		0										
PSYCHOLOGIST	U		Ü			00	_	.00	.000		.00		.00
SPEECH AND AUDIOLOGY	1		1		66.0	05	6	6.05	.013		66.05		.85
HOSPICE SERVICES	0		0		. (00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		. (00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		. (00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0			00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0			00		.00	.000		.00		.00
	0		-										
PED SUBACUTE REHAB/WEANING	•		0			00	-	.00	.000		.00		.00
ALL OTHER PROVIDERS	10		25		333.		. 1	.3.35	.321		33.37		4.28
@CALIF. CHILDREN SERVICES*	0		0	\$		00	\$.00	.000		.00		.00
@XOVER EXCLUDING STATE HOSP**	20		64	\$	3,938.	21	\$ 6	1.53	.821	\$	196.91	\$	50.49
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFOR	MATION	ITEM	M ONLY;								

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,365 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MOI	NTHLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	43	213	\$	45,053.43	\$ 211.52	6.455	\$ 1047.75	\$ 1365.26
@PHYSICIANS SERVICES	16	52	\$	2,339.19	\$ 44.98	1.576	\$ 146.20	\$ 70.88
OUTPATIENT VISITS	4	4		232.05	58.01	.121	58.01	7.03
OFFICE VISITS	3	3		163.70	54.57	.091	54.57	4.96
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.030	68.35	2.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	11		433.81		39.44	.333		144.60		13.15
HOSPITAL VISITS	3	11		433.81		39.44	.333		144.60		13.15
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	1									
INPATIENT HOSPITAL SURGERY	1	1		280.71		280.71	.030		280.71		8.51
PRINCIPAL SURGEON	1	Ţ		280.71		280.71	.030		280.71		8.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	4		285.34		71.34	.121		142.67		8.65
PRINCIPAL SURGEON	2	4		285.34		71.34	.121		142.67		8.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	24		844.21		35.18	.727		105.53		25.58
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0					.000				
IMMUNIZATION AND INJECTION	U			.00		.00			.00		.00
OTHER SERVICES/ALL X-OVERS	5	8	_	263.07		32.88	. 242		52.61		7.97
@PHARMACY	5		\$	4,365.54	\$	311.82	.424	\$	873.11	Ş	132.29
PRESCRIPTION DRUGS	5	14		4,365.54		311.82	.424		873.11		132.29
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	14		4,365.54		311.82	.424		873.11		132.29
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	1	\$	25.00	\$	25.00	.030	\$	25.00	\$.76
VISITS - DIAGNOSTIC	1	1		25.00	•	25.00	.030		25.00		.76
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ENDODONTICS	0	0									.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	U	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE:	S N	MONTH-OF-PAYMENT RE	CPORT	r for Jan	2003 THRU	DEC	2003	P	AGE 2,366
MOP024	FEE-FOR-SERVICE/DENT		_								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES		_	FAMILIES AID CODE	5R 6	SR 37					01,20,01
DDD NORTH COOKIT	Sommer of Shivions	1011 1111 500		TIMILLIES THE CODE	510	JIC 37	M	ONT.	HIV AMERA	GE .	
33 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	∆ 177	TRACE COST	UNITS/DAY				COST PER
22 50101005		DAYS OF CARE		EMF EMPT 10KES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		ė.	137.75	\$	27.55	.152		45.92		4.17
			\$		Ą			Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.061		47.45		2.88

						MC)IN.T.	HLY AVERA	ظن	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	5	\$ 137.75	\$	27.55	.152	\$	45.92	\$	4.17
DIAGNOSTIC AND ANC. PROCED	2	2	94.90		47.45	.061		47.45		2.88
EYE APPLIANCES	1	3	42.85		14.28	.091		42.85		1.30
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	6	\$	86.12	\$	14.35	.182		86.12	\$	2.61
NURSE MIDWIFE	0	0	Ė	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00		\$.00	Š	.00
@TOTAL HOSPITAL	15	104	Ġ	34,431.98		331.08		\$			1043.39
	1.2		Ą		Ą			Ą	7939.17	Ą	962.32
HOSP INPATIENT TOTAL	4	28		31,756.68		1134.17	.848				
HSC HOSPITALS	1	2		889.00		444.50	.061		889.00		26.94
NON-HSC HOSPITAL TOTAL	3	26		30,867.68		1187.22	.788		10289.23		935.38
ACCOMMODATIONS	3	26		15,812.28		608.16	.788		5270.76		479.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	26		15,812.28		608.16	.788		5270.76		479.16
ANCILLARIES	3	0		15,055.40		.00	.000		5018.47		456.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	76		2,675.30		35.20	2.303		243.21		81.07
MEDICAL	7	14		871.67		62.26	.424		124.52		26.41
SURGERY	,	2		81.53		40.77	.061		81.53		2.47
	<u> </u>	14		127.73		9.12	.424		63.87		3.87
PATHOLOGY	2										
RADIOLOGY	5	10		981.07		98.11	.303		196.21		29.73
ROOM USE	6	12		373.55		31.13	.364		62.26		11.32
CROSSOVERS/ALL OTH OUTPTNT	6	24		239.75		9.99	.727		39.96		7.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0									
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	' 0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC	2003	P	PAGE 2,367
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C -	FAMILIES AID CODE	5R	6R 37					
							M	ГИО	THLY AVERA	GE	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	104	\$	34,431.98		331.08			2295.47		
COMM HOSP INPATIENT TOTAL	4	28	Ψ.				.848				
HSC HOSPITALS	1	2		889.00		444.50	.061		889.00		26.94
	2			30,867.68					10289.23		935.38
NON-HSC HOSPITALS TOTAL	3	26				1187.22	.788				
ACCOMMODATIONS	3	26		15,812.28		608.16	.788		5270.76		479.16
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	26		15,812.28		608.16	.788		5270.76		479.16
ANCILLARIES	3	0		15,055.40		.00	.000		5018.47		456.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	76		2,675.30		35.20	2.303		243.21		81.07
MEDICAL	7	14		871.67		62.26	.424		124.52		26.41

SURGERY	1	2		81.53	3	40.77	.061		81.53		2.47
PATHOLOGY	2	14		127.73	3	9.12	.424		63.87		3.87
RADIOLOGY	5	10		981.07		98.11	.303		196.21		29.73
ROOM USE	6	12		373.55		31.13	.364		62.26		11.32
CROSSOVERS/ALL OTH OUTPTNT	6	24		239.75		9.99	.727		39.96		7.27
@STATE HOSPITAL	0	0	Ś	.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	~	.00		.00	.000	Ψ	.00	Υ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	~	.00		.00	.000	Ψ	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00		.00	.000	Ś	.00	\$.00
ICF DDH	0	0	Υ	.00		.00	.000	Ψ.	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	-T	.00		.00	.000	-	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	58.50		14.63	.121	Ġ	58.50	\$	1.77
PATHOLOGY	1	4	'	58.50		14.63	.121		58.50	•	1.77
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	27	\$	3,609.35	\$	133.68	.818	\$	257.81	\$	109.37
CLINIC	0	0	•	.00)	.00	.000	-	.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	14	27		3,609.35		133.68	.818		257.81		109.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES N	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 2,368
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVIO	CES FOR MN - SC)C -	FAMILIES AID COD	E 5R	6R 37					
							N	IONTE	HLY AVERA	.GE	
33 ELIGIBLES	USERS (JNITS OF SERVICE	:	EXPENDITURES	. AV	ERAGE COST	UNITS/DAY	S (COST PER	,	COST PER
		OR DAYS OF CARE	:		PE	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00)	.00	.000		.00		.00

33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,369
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

DEL NORIE COUNTY	SUMMARI OF SERV	VICES FOR MM - SOC -	IOIAL		MON		30
105 51 10151 50	11077				MON'		_
195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.5.6	OR DAYS OF CARE	150 105 51	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	256	2,018 \$	172,107.71	\$ 85.29	10.349 \$		\$ 882.60
@PHYSICIANS SERVICES	70	300 \$	8,804.16	\$ 29.35	1.538 \$		
OUTPATIENT VISITS	15	17	704.26	41.43	.087	46.95	3.61
OFFICE VISITS	11	13	420.40	32.34	.067	38.22	2.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.015	52.52	.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.005	126.31	.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	16	685.42	42.84	.082	137.08	3.51
HOSPITAL VISITS	5	16	685.42	42.84	.082	137.08	3.51
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,217.79	202.97	.031	405.93	6.25
PRINCIPAL SURGEON	3	6	1,217.79	202.97	.031	405.93	6.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	17	1,008.37	59.32	.087	168.06	5.17
PRINCIPAL SURGEON	6	9	858.32	95.37	.046	143.05	4.40
ASSISTANT SURGEON	0	Õ	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	150.05	18.76	.041	150.05	.77
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	94.04	23.51	.021	23.51	.48
RADIOLOGY	18	42	1,343.25	31.98	.215	74.63	6.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	198	3,751.03	18.94	1.015	91.49	19.24
@PHARMACY	129	982 \$	82,403.61	\$ 83.91	5.036 \$		
PRESCRIPTION DRUGS	128	582	82,303.24	141.41	2.985	642.99	422.07
SNF/ICF	4	27	1,336.99	49.52	.138	334.25	6.86
OUTPATIENTS	124	555	80,966.25	145.89	2.846	652.95	415.21
MEDICAL SUPPLIES	124	400	100.37	.25	2.051	100.37	.51
@DENTIST	1	25 \$	50.00	\$ 2.00	.128 \$		
VISITS - DIAGNOSTIC	4	25 Ş 5	50.00	10.00	.126 \$	12.50	.26
	4	19			.026	.00	
ORAL SURGERY	1		.00	.00			.00
DRUGS	U 1	0	.00	.00	.000	.00	.00
ANESTHESIA		1	.00	.00	.005	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	U	U	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT I	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,370
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- TOTAL				
					MON	THLY AVERA	GE
195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9	17	\$ 461.88	\$ 27.17	.087 \$	51.32	\$ 2.37
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.021	47.45	.97

	_	1.0		004.60		1	0.65		4.4.00		
EYE APPLIANCES	5	13		224.63		17.28	.067		44.93		1.15
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.24
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	3.24	\$	3.24	.005	\$	3.24	\$.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		3.24		3.24	.005		3.24		.02
@HOME HEALTH AGENCY	0	0	ċ.	.00	\$.00	.000	ċ.	.00	\$.00
	1	6	\$					\$			
NURSE ANESTHESIST			\$	86.12	\$	14.35	.031	\$	86.12	\$. 44
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	47	268	\$	65,063.01	\$	242.77	1.374	\$	1384.32	\$	333.66
HOSP INPATIENT TOTAL	15	72		58,238.61		808.87	.369		3882.57		298.66
HSC HOSPITALS	1	2		889.00		444.50	.010		889.00		4.56
NON-HSC HOSPITAL TOTAL	7	38		51,695.35		1360.40	.195		7385.05		265.10
ACCOMMODATIONS	7	38		24,579.14		646.82	.195		3511.31		126.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	38		24,579.14		646.82	.195		3511.31		126.05
ANCILLARIES	, 7	0		27,116.21		.00	.000		3873.74		139.06
INPATIENT CROSSOVERS	7	32		5,654.26		176.70	.164		807.75		29.00
	0										
ALL OTHER INPATIENT	-	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35	196		6,824.40		34.82	1.005		194.98		35.00
MEDICAL	14	32		1,756.65		54.90	.164		125.48		9.01
SURGERY	3	4		112.87		28.22	.021		37.62		.58
PATHOLOGY	8	42		512.93		12.21	.215		64.12		2.63
RADIOLOGY	10	18		1,558.39		86.58	.092		155.84		7.99
ROOM USE	13	28		966.69		34.52	.144		74.36		4.96
CROSSOVERS/ALL OTH OUTPTNT	26	72		1,916.87		26.62	.369		73.73		9.83
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000	•	.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	•			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN		DEC		P	AGE 2,371
MOP024	FEE-FOR-SERVICE/			.01.111 01 11111111111 111					2005		01/29/04
		CES FOR MN - SO	C -	ΤΟΤΔΙ.							01/25/01
		CHO I OIL TIN DO	C	1011111			Mo	OMT.	HIV AMEDA	GE .	
DEL NORTE COUNTY	SOMMAN OF SERVI										
DEL NORTE COUNTY		IIMTTS OF SEDVITCE		FADEMULLIDEC	7/17/1	ים אבר כרכיי					
		UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER	(COST PER
DEL NORTE COUNTY 195 ELIGIBLES	USERS	OR DAYS OF CARE			PEF	UNIT/DAY	UNITS/DAY: PER ELIG	S	COST PER USER	[COST PER ELIGIBLE
DEL NORTE COUNTY 195 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 47	OR DAYS OF CARE 268		65,063.01		UNIT/DAY 242.77	UNITS/DAYS PER ELIG 1.374	S	COST PER USER 1384.32	[COST PER ELIGIBLE 333.66
DEL NORTE COUNTY 195 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 47 15	OR DAYS OF CARE 268 72		65,063.01 58,238.61	PEF	UNIT/DAY 242.77 808.87	UNITS/DAYS PER ELIG 1.374 .369	S	COST PER USER 1384.32 3882.57	[COST PER ELIGIBLE 333.66 298.66
DEL NORTE COUNTY 195 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 47	OR DAYS OF CARE 268		65,063.01	PEF	UNIT/DAY 242.77	UNITS/DAYS PER ELIG 1.374	S	COST PER USER 1384.32	[COST PER ELIGIBLE 333.66

NON-HSC HOSPITALS TOTAL	7		38		51,695.35		1360.40	.19	95		7385.05		265.10
ACCOMMODATIONS	7		38		24,579.14		646.82	.19	95		3511.31		126.05
ADMINISTRATIVE DAYS	0		0		.00		.00	.00	0.0		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.00	0.0		.00		.00
ALL OTHER ACCOM	7		38		24,579.14		646.82	.19	95		3511.31		126.05
ANCILLARIES	7		0		27,116.21		.00	.00	0.0		3873.74		139.06
INPATIENT CROSSOVERS	7		32		5,654.26		176.70	.10	54		807.75		29.00
ALL OTHER INPATIENT	0		0		.00		.00	.00			.00		.00
COMM HOSP OUTPATIENT TOTAL	35		196		6,824.40		34.82	1.00			194.98		35.00
MEDICAL	14		32		1,756.65		54.90	.10			125.48		9.01
SURGERY	3		4		112.87		28.22	. 0:			37.62		.58
PATHOLOGY	8		42		512.93		12.21	. 2			64.12		2.63
RADIOLOGY	10		18		1,558.39		86.58	. 0			155.84		7.99
ROOM USE	13		28		966.69		34.52	.14			74.36		4.96
CROSSOVERS/ALL OTH OUTPTNT	26		72		1,916.87		26.62	.30			73.73		9.83
@STATE HOSPITAL	0		0	\$.00	\$.00	.00		\$.00	Ċ	.00
MENTALLY ILL	0		0	Y	.00	Ų	.00	.00		Ų	.00	Ÿ	.00
DEVELOP. DISABLED	0		0		.00		.00	.00			.00		.00
@NURSING FACILITY	2		19	\$		\$	97.36	. 0 !		\$	924.95	\$	9.49
LEV A-INTERMEDIATE	0		0	Ą	.00	Ą	.00	.01		Ą	.00	Ą	.00
LEV B-REHAB MD	0		0		.00		.00	.00			.00		.00
	0		0		.00		.00	.00			.00		.00
LEV B-SUBACUTE FREESTANDING	0		0										
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.00			.00		.00
LEV B-TRANSITIONAL IP CARE	0		•		.00		.00	.00			.00		.00
LEV B-REGULAR	2		19	_	1,849.90		97.36	. 0 !		_	924.95		9.49
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.00		\$.00	\$.00
ICF DDH	0		0		.00		.00	.00			.00		.00
ICF DD	0		0		.00		.00	.00			.00		.00
ICF DDN/DDCN	0		0		.00		.00	.00			.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.00		\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.00			.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.00			.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.00		\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.00			.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.00			.00		.00
@LABORATORY FACILITY	5		29	\$	334.36	\$	11.53		49	\$	66.87	\$	1.71
PATHOLOGY	5		29		334.36		11.53	.1	49		66.87		1.71
XO AND OTHERS	0		0		.00		.00	.00	0 0		.00		.00
@ORGANIZED OUTPATIENT CLINIC	52		91	\$	8,405.80	\$	92.37	. 40	57	\$	161.65	\$	43.11
CLINIC	0		0		.00		.00	.00	0.0		.00		.00
SURGICENTER	0		0		.00		.00	.00	0.0		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.00	0 0		.00		.00
RURAL HEALTH CLINIC	52		91		8,405.80		92.37	.40	57		161.65		43.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 TH	RU	DEC	2003	P.	AGE 2,372
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	MN - SO	OC -	- TOTAL								
									- M	IONTI	HLY AVERA	GE	
195 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVE	RAGE COST						COST PER
		OR DAYS	-		3-1-15		UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	42		280	\$	4,645.63	\$	16.59	1.4			110.61		23.82
	-				,				-				

							0=
195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	42	280 \$	4,645.63	\$ 16.59	1.436 \$	110.61	\$ 23.82
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	199	3,667.63	18.43	1.021	458.45	18.81
AMBULANCES/AIR TRANS	6	153	1,743.68	11.40	.785	290.61	8.94
OTHER TRANS	1	4	31.58	7.90	.021	31.58	.16
OTHER SERVICES	2	42	1,892.37	45.06	.215	946.19	9.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00	.54

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	206.69	14.76	.072	29.53	1.06
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.05	66.05	.005	66.05	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	65	600.26	9.23	.333	24.01	3.08
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	63	316	\$ 11,066.05	\$ 35.02	1.621	\$ 175.65	\$ 56.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON	THLY AVERAG	E
561 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	549	16,560 \$	1,526,629.81	\$ 92.19	29.519 \$	2780.75	\$ 2721.27
@PHYSICIANS SERVICES	52	91 \$	1,653.69	\$ 18.17	.162 \$	31.80	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	52	91	1,653.69	18.17	.162	31.80	2.95
@PHARMACY	506	2,738 \$	138,443.17	\$ 50.56	4.881 \$	273.60	\$ 246.78
PRESCRIPTION DRUGS	505	2,735	138,310.78	50.57	4.875	273.88	246.54

SNF/ICF	479	2,643	128,898.99	48.77	4.711	269.10	229.77
OUTPATIENTS	30	92	9,411.79	102.30	.164	313.73	16.78
MEDICAL SUPPLIES	2	3	132.39	44.13	.005	66.20	.24
@DENTIST	4	21 \$	1,652.00	\$ 78.67	.037 \$	413.00	\$ 2.94
VISITS - DIAGNOSTIC	2	9	78.00	8.67	.016	39.00	.14
ORAL SURGERY	1	9	624.00	69.33	.016	624.00	1.11
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.005	475.00	1.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,374
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MN - LONG	TERM CARE - AGED	AID CODE	13		
					MONT	HLY AVERAG	GE

USERS 561 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18.41 47.87 \$ @OPTOMETRIST 13 239.37 .023 \$.43 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .002 .08 12 191.92 15.99 .021 47.98 EYE APPLIANCES .34 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 @CHIROPRACTOR .00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 24.34 12.17 .004 \$ 12.17 .04 .00 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 24.34 12.17 .004 12.17 .04 .00 .00 .000 .00 @HOME HEALTH AGENCY \$.00 NURSE ANESTHESIST 14.48 14.48 .002 14.48 .03 NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .000 .00 .00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 116 4,797.27 41.36 .207 145.37 8.55 HOSP INPATIENT TOTAL 3,520.62 121.40 .052 704.12 6.28 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 .000 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 29 3,520.62 121.40 .052 704.12 6.28 .000 ALL OTHER INPATIENT 0 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 33 87 1,276.65 14.67 .155 38.69 2.28 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 PATHOLOGY RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 ROOM USE 0 .00 .000 .00 .00 1,276.65 14.67 .155 38.69 2.28 CROSSOVERS/ALL OTH OUTPTNT 33 @COUNTY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .00 0 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,375 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE	/DENTAL	_	-	-	-						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV		MN - LO	ONG TER	M CARE - AGED		AID CODE	13				,,
				_				MC	TNC	HLY AVERA	GE	
561 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER
		OR DAYS						PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	33		116	\$	4,797.27		41.36	.207	\$	145.37	\$	8.55
COMM HOSP INPATIENT TOTAL	5		29	•	3,520.62		121.40	.052	•	704.12	•	6.28
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5		29		3,520.62		121.40	.052		704.12		6.28
ALL OTHER INPATIENT	0		0		.00		.00	.000				.00
COMM HOSP OUTPATIENT TOTAL	0 33		87		1,276.65		14.67	.155		.00 38.69		2.28
MEDICAL	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0				.00					
ROOM USE					.00			.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			87	4	1,276.65		14.67	.155		38.69		2.28
@STATE HOSPITAL	0		0	\$.00		.00	.000	Ş		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	_	.00		.00	.000		.00	_	.00
@NURSING FACILITY	444	13		\$	1,363,199.40		103.52	23.474	\$	3070.27	Ş	2429.95
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	444	13			1,363,199.40		103.52	23.474		3070.27		2429.95
@INTERMEDIATE CARE FACILDD	0 0 444 0		0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	•	.00		.00	.000	•	.00	•	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13		38	\$	1,568.05		41.26	.068	Ś	120.62	Ś	2.80
CLINIC	0		0	4	.00	•	.00	.000	т	.00	Υ	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13		38		1,568.05		41.26	.068		120.62		2.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	LC VND EAD		DEC MONT	T,500.05	סנים∩סיי			חפר		D	AGE 2,376
MOP024	FEE-FOR-SERVICE		TINDITION	CHO MOIN	II OF FAIRBINE	TUBE OILL	TOIC UAIN	2000 IIIKU I	ے بنار	2003	P	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV		MNT _ TC	אוכ ייידיםי	M CADE - ACED		AID CODE	1 2				01/29/04
DEL MOKIE COOMII	DUMMAL OF SERV	TCES FOR	1,IIA – TIC	NA ITKI	" CARL - AGED		AID CODE	MC	ستلار	יים אוויי	CF	
561 ELIGIBLES	USERS	UNITS OF	CEDIII OE	7	EXPENDITURES	7/ 7/ 7777						COST PER
201 FTIGIBLES	USEKS				FVLFINDIIOKF2			UNITS/DAYS		USER		ELIGIBLE
ONLI OMITTO DEGLITORES	67	OR DAYS	OF CARE		15 020 04		UNIT/DAY	PER ELIG				FLIGIBLE

@ALL OTHER PROVIDERS

67 371 \$ 15,038.04 \$ 40.53 .661 \$ 224.45 \$ 26.81

DURABLE MED. EQUIP.	20	109		13,347.71	122.46	.194	667.39	23.79	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	38	169		1,338.25	7.92	.301	35.22	2.39	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	37	166		1,324.20	7.98	.296	35.79	2.36	
OTHER SERVICES	1	3		14.05	4.68	.005	14.05	.03	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	3	6		76.43	12.74	.011	25.48	.14	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2		6.34	3.17	.004	6.34	.01	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	12	85		269.31	3.17	.152	22.44	.48	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	142	268	\$	38,750.06	\$ 144.59	.478	\$ 272.89	\$ 69.07	
* TOTAL THE THEOR TIMES AND CT	י שתה מתחתם א מתוזא		F F						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,377
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DEH NOKIE COUNTI	SUMMAN OF SERV	TCES LOK MM - T	ONG IEIC	M CAKE - BUIND	AID CODE	<u> </u>		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

ACCTOMANIE GUDGEON	0	0		0.0		0.0	0.00		0.0		0.0
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	Ô		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	ñ		.00		.00	.000		.00		.00
ALL OTHER SERVICES	Û	ñ		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XDENDTTIIR	ES MONTE		י דארם:			DEC 2		PAGE	2,378
MOP024	FEE-FOR-SERVICE/DENTAL		1.101111	. Or LITTIMENT ICE	01(1 1	. 011 0111 200	5 11110	J	.000		/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MNT - TO	NC TEDM	CARE - BLIND	7	AID CODE 23				01	./25/04
DELL MOKIE COUNTI	SUMMER OF SERVICES FOR	14IIA - IIC	MA IEKM	CHILL - PLIND	1	AID CODE 73					

DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR	MIM - T/	MG I	EKM CAKE - PLIND		AID CODE	43				
								M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS	OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

TNIDA MITTNIM (DOGGOTIEDG	0	0		0.0	0.0	000	0.0		0.0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PA	AYMENT REPO	RT FOR JAN 200	3 THRU DEC	2003	PAGE	2,379
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - LON	IG TERM CARE -	- BLIND	AID CODE 23				
						MONT	HLY AVERAG	BE	

					MON	IHLI AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 SURGICENTER 0 .00 .00 .000 .00 .000 .00 HEROIN DETOX CLINIC 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .000 .00 .00 PAGE 2,380 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DEE NORTH COUNTY	DOMINIME OF DESCRIPTION	DIOIC III DOIG	THICH CINCH	שודוים	TILD CODE	23		
						MON	THLY AVERAG	E
00 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDIT	URES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDADATE	TNEODMATION TTEN	/ ONT.V:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----13 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 37,912.98 \$ 95.74 30.462 \$ 2916.38 \$ 2916.38 396 \$ @TOTAL, ALL PROVIDERS 13 2 2 34.65 \$ 17.33 .154 \$ 17.33 \$ @PHYSICIANS SERVICES 2.67 .00 .00 .00 .00 OUTPATIENT VISITS .00 .00 .00 0 OFFICE VISITS .00 0 0 .00 .00 HOME VISITS EMERGENCY ROOM 0 .00 .00 0 PREVENTIVE CARE .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 0 0 .00 0 0 .00 .00 .00 INPATIENT VISITS .00 Ω Ω .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .00

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01/29/04

SNF/ICF/TRANS IP CARE	0		Λ		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	Ô		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	Ô		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00					.00		
RADIOLOGY	0		0		.00		.00	.000				.00
PSYCHIATRY	0		0				.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00			.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	,	2		34.65	4	17.33	.154		17.33	4	2.67
@PHARMACY	13		30 \$		862.67	\$	28.76	2.308		66.36	Ş	66.36
PRESCRIPTION DRUGS	13		30		862.67		28.76	2.308		66.36		66.36
SNF/ICF	13	3	30		862.67		28.76	2.308		66.36		66.36
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00	4.	.00	.000		.00		.00
@DENTIST	0		0 \$.00	\$.00	.000			\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENI	DITURES	MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PAC	GE 2,382
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN	- LONG	TERM	CARE - DISABLE	ΞD	AID CODE	63				
									MONT	HLY AVERA	GE	
13 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS (COST PER	CO	OST PER

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	Ο	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	2	\$	14.30	Š	7.15	.154 \$	7.15	
HOSP INPATIENT TOTAL	0	Ō	Υ	.00	٧	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2		14.30		7.15	.154	7.15	1.10
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		14.30		7.15	.154	7.15	1.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	Ų	.00	Ą	.00	.000 \$.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	ים באדרו דית דום: י	FS MONTI		FDORT				PAGE 2,383
MOP024	FEE-FOR-SERVICE/DENTAL			II OI EVILIDIMI KE	DI OI(1	ION UAN ZU	O TIMO DEC	. 2005	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MNI - T.OI	NG TEPM	CARE - DISARIA	ED.	AID CODE 6	3		01/22/04
DEE NORTH COORT	DOILLECT OF DERIVICED FOR	10	111(1.1	CITCH DICADDE	<i>ر</i> د			HIY AVERA	GE
13							1.10111	~~~~	~~~~

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
2	2 \$	14.30	\$ 7.15	.154 \$	7.15	\$ 1.10
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	2	14.30	7.15	.154	7.15	1.10
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 2 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0		OR DAYS OF CARE 2	OR DAYS OF CARE 2 \$ 14.30 \$ 7.15 0 0 0 .00 .00 0 .00 .00 0 0 .00 .00 0 0 .00 .0	OR DAYS OF CARE 2	OR DAYS OF CARE 2

CROSSOVERS/ALL OTH OUTPTNT	2	2		14.30		7.15	.154		7.15		1.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	358	\$	36,969.78	\$	103.27	27.538	\$	2843.83	\$	2843.83
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	358		36,969.78		103.27	27.538		2843.83		2843.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	IRES	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2003 THRU	DEC	2003	P	AGE 2,384
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - L	ONG	TERM CARE - DISABLE	ΞD	AID CODE					
							M	ONT	HLY AVERA	GE.	

					MON	THLY AVERAC	j E:
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	4 \$	31.58	\$ 7.90	.308 \$	31.58	\$ 2.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	31.58	7.90	.308	31.58	2.43
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	31.58	7.90	.308	31.58	2.43
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPARATE IN	IATE DETAIL LINES A		.00 .00 .00 \$.00 \$ 29.48	.000 .000 .000 .000 \$.308 \$.00 .00 .00 .00 29.48	.00 .00 .00 \$.00 \$ 9.07
#CALIF DEPT OF HEALTH SERV MOP024	N THE APPROPRIATE DET. MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT.	D EXPENDITURES MONT AL				2003	PAGE 2,385 01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - LONG TERN	I CARE - FAMILIES	DISCONTIN	-	HLY AVERAC	3E
00 ELIGIBLES		S OF SERVICE DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0 \$ 0 \$.00	\$.00	.000 \$.000 \$.00	\$.00 \$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	Ů.	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	U	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ü	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	n n	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Õ	0	.00	.00	.000	.00	.00
	0	0 \$.000 \$		\$.00
@DENTIST	0	- T	.00	\$.00			
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	Û	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Õ	0	.00	.00	.000	.00	.00
	0	0					
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	Ü	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,386
MOP024	FEE-FOR-SERVICE/						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MONTH	LY AVERAGI	E
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	Ö	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00	
	0	0 Ş 0	.00	•			
VISITS	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.0	0	.00
@PODIATRIST	0		\$.00	\$.00	.000	\$.0		.00
	0		Ą		•		•		
MEDICINE/INJECTIONS	Ü	0		.00	.00	.000	. (.00
SURGERY/ANES.	0	0		.00	.00	.000	.0	0	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
OTHER	0	0		.00	.00	.000	.0	0	.00
@HOME HEALTH AGENCY	0	0	¢	.00	\$.00	.000	\$.0		.00
	0		<u>የ</u>	.00	•	.000	•		
NURSE ANESTHESIST	U	0	Ş.		\$.00				.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.0		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@TOTAL HOSPITAL	0	0	Ġ	.00	\$.00	.000	\$.0		.00
HOSP INPATIENT TOTAL	0	0	Υ	.00	.00	.000			.00
	0								
HSC HOSPITALS	U	0		.00	.00	.000	. (.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	. (.00
ACCOMMODATIONS	0	0		.00	.00	.000	. (0	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	. (0	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	. (.00
	0	0							
ALL OTHER ACCOM	U	0		.00	.00	.000	. (.00
ANCILLARIES	0	0		.00	.00	.000	. (.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	. (0	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	. 0	0	.00
MEDICAL	0	0		.00	.00	.000	. 0		.00
	0	0							
SURGERY	Ü	Ü		.00	.00	.000	. 0		.00
PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
RADIOLOGY	0	0		.00	.00	.000	.0	0	.00
ROOM USE	0	0		.00	.00	.000	. (0	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	. (.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00			0 \$.00
	0		Ş		•		•		
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	. 0		.00
HSC HOSPITALS	0	0		.00	.00	.000	. 0	0	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.0	0	.00
ACCOMMODATIONS	0	0		.00	.00	.000	. 0	.0	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	. (.00
	0	0							
TRANSITIONAL IP CARE	U	U		.00	.00	.000	. (.00
ALL OTHER ACCOM	0	0		.00	.00	.000	. (0	.00
ANCILLARIES	0	0		.00	.00	.000	.0	0	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	. 0	0	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	. (.00
	0	0		.00		.000			
MEDICAL	U	U			.00		. (.00
SURGERY	0	0		.00	.00	.000	. 0		.00
PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
RADIOLOGY	0	0		.00	.00	.000	. 0	0	.00
ROOM USE	0	0		.00	.00	.000	. 0	.0	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	. (.00
#CALIF DEPT OF HEALTH SERV			C MONTELL O						
		CES AND EXPENDITURE	S MONTH-O	F-PAIMENI KE	PORT FOR JAN	2003 IHRU	DEC 2003	Ρ.	PAGE 2,387
MOP024	FEE-FOR-SERVICE								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MN - LON	G TERM CA	RE - FAMILIE	S DISCONTI	NUED			
							IONTHLY AVE		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COS	T UNITS/DAY	S COST PE	R	COST PER
**	0.0	OR DAYS OF CARE			PER UNIT/DA				ELIGIBLE
@COMMINITY HOSDITAL TOTAL	0			.00					
@COMMUNITY HOSPITAL TOTAL			Ą		\$.00	.000	\$.0	0 5	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	. (U	.00
HSC HOSPITALS	0	0		.00	.00	.000		0	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		0	.00
ACCOMMODATIONS	0	0		.00	.00	.000	. (.00
ADMINISTRATIVE DAYS	Ô	0		.00	.00	.000	. (.00
	0	0				.000			
TRANSITIONAL IP CARE	U	U		.00	.00	.000	. (0	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	_	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ü	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	- +		•			
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	•	.000 \$.00	.00
ICF DDH	0	_		.00			
ICF DD	Ü	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00	.00	.000	.00	.00
HOSPITAL BASED	0	0					
INDEPENDENT FACILITY	Ü	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0					
HEROIN DETOX CLINIC	0	_	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,388
MOP024	FEE-FOR-SERVICE	I/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG TEN	RM CARE - FAMILIE	ES DISCONTINU	JED		
					MONT	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
	0			·	•		•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					.00
ACUPUNCTURE	•	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>			0.0	0.0	000	.00	.00
	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST OPTICIAN	•	•	.00			.00	.00
OPTICIAN	0	0 0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,389 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DEL NORTE COUNTT	DOMMANT OF DERV	TORS FOR HIN LONG	TERM CARE I	JIAL		MOI	NTHLY AVERA	AGE
574 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDIT	IRES A	VERAGE COST			COST PER
371 22101222	002112	OR DAYS OF CARE			ER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	562	16,956 \$	1,564,54			29.540		\$ 2725.68
@PHYSICIANS SERVICES	54	93 \$	1,68			.162		
OUTPATIENT VISITS	0	0	_, -, -, -	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	54	93	1,68	8.34	18.15	.162	31.27	2.94
@PHARMACY	519	2,768 \$	139,30	5.84 \$	50.33	4.822	\$ 268.41	\$ 242.69
PRESCRIPTION DRUGS	518	2,765	139,17	3.45	50.33	4.817	268.67	242.46
SNF/ICF	492	2,673	129,76	1.66	48.55	4.657	263.74	226.07
OUTPATIENTS	30	92	9,41	1.79	102.30	.160	313.73	16.40
MEDICAL SUPPLIES	2	3	13	2.39	44.13	.005	66.20	.23
@DENTIST	4	21 \$	1,65	2.00 \$	78.67	.037	\$ 413.00	\$ 2.88

VISITS - DIAGNOSTIC	2	9	78.00	8.67	.016	39.00	.14
ORAL SURGERY	1	9	624.00	69.33	.016	624.00	1.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.005	475.00	1.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2003 THRU DE	EC 2003	PAGE 2,390
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

DEL NORTE COUNTY

DEL NORIE COUNTY	SUMMARI OF SERV	ICES FOR MIN - LC	NG IERN	CARE - IOIAL				0.TT		~=	
F74 BLIGTDING	Hanna	INITES OF SERVICE			3.7.7.	DAGE GOGE	M			GE:	
574 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
@ODMOMEMD I OM	5	OR DAYS OF CARE		220 27			PER ELIG		USER	4	ELIGIBLE
@OPTOMETRIST	5	13	\$	239.37	\$	18.41	.023	Þ	47.87	\$.42
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.08
EYE APPLIANCES	4	12		191.92		15.99	.021		47.98		.33
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00	4	.00	.000	4	.00	4	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	4	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$	24.34	\$	12.17		\$	12.17	\$.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2	4	24.34		12.17	.003		12.17		.04
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	\$.00	Ş	.00
NURSE ANESTHESIST	1	1	\$	14.48	\$	14.48	.002	\$	14.48	Ş	.03
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
@TOTAL HOSPITAL	35	118	\$	4,811.57	\$	40.78	.206	\$	137.47	\$	8.38
HOSP INPATIENT TOTAL	5	29		3,520.62		121.40	.051		704.12		6.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	29		3,520.62		121.40	.051		704.12		6.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35	89		1,290.95		14.51	.155		36.88		2.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	35	89		1,290.95		14.51	.155		36.88		2.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MONT		EPORT			DEC		I	PAGE 2,391
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG TERM	I CARE - TOTAL							

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ONT	HLY AVERA	GE	
574 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35		\$	4,811.57	\$	40.78	.206	\$	137.47	\$	8.38
COMM HOSP INPATIENT TOTAL	5	29		3,520.62		121.40	.051		704.12		6.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	29		3,520.62		121.40	.051		704.12		6.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	89		1,290.95		14.51	.155		36.88		2.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	35 0	89 0	\$	1,290.95	\$	14.51 .00	.155 .000	\$	36.88 .00	\$	2.25
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	457	ŭ	\$	1,400,169.18	\$	103.51	23.566	\$	3063.83	\$	2439.32
LEV A-INTERMEDIATE	0	0	τ	.00	τ	.00	.000	т	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	457	13,527		1,400,169.18		103.51	23.566		3063.83		2439.32
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0 0	0		.00		.00	.000		.00		.00 .00
ICF DDN/DDCN @HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ų	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	_	.00		.00	.000		.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	13		\$	1,568.05	\$	41.26	.066	\$	120.62	\$	2.73
CLINIC	0 0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00 .00	.000		.00		.00
RURAL HEALTH CLINIC	13	38		1,568.05		41.26	.066		120.62		2.73
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE:	S MON'	TH-OF-DAVMENT R	EDORT			DEC		D	AGE 2,392
MOP024	FEE-FOR-SERVICE		5 11011	111 01 11111111111	CDI OICI	1010 01110 2	1005 111110	DLC	2003	-	01/29/04
DEL NORTE COUNTY		VICES FOR MN - LONG	G TERI	M CARE - TOTAL							,,
							M	ONT	HLY AVERA	GE	
574 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	68		\$	15,069.62	\$	40.19	.653	\$	221.61	\$	26.25
DURABLE MED. EQUIP.	20	109		13,347.71		122.46	.190		667.39		23.25
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0 39	0 173		.00 1,369.83		.00	.000		.00 35.12		.00
MEDICAL TRANSPORTATION	37	1/3		1,309.83		7.92	.301		33.1∠		2.39

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	38	170	1,355.78	7.98	.296	35.68	2.36
OTHER SERVICES	1	3	14.05	4.68	.005	14.05	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	76.43	12.74	.010	25.48	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	6.34	3.17	.003	6.34	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	85	269.31	3.17	.148	22.44	.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	146	272	\$ 38,867.98	\$ 142.90	.474	\$ 266.22	\$ 67.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DEE NORTH COONTY	BOILING OF BEI	VICES FOR THE PERHET IN	LD1 HOLD		1401		a =
0 262					MOI		
2,363 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,956	33,650 \$	2,173,647.58	\$ 64.60	14.240		•
@PHYSICIANS SERVICES	295	1,221 \$	18,114.77	\$ 14.84	.517		
OUTPATIENT VISITS	12	16	635.00	39.69	.007	52.92	. 27
OFFICE VISITS	11	15	590.40	39.36	.006	53.67	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.000	44.60	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	604.71	75.59	.003	201.57	.26
HOSPITAL VISITS	3	5	239.91	47.98	.002	79.97	.10
CRITICAL CARE	1	3	364.80	121.60	.001	364.80	.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.000	82.65	.03
PRINCIPAL SURGEON	1	1	82.65	82.65	.000	82.65	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.000	295.23	.12
PRINCIPAL SURGEON	1	1	295.23	295.23	.000	295.23	.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.02

RADIOLOGY	5	6	133.54	22.26	.003	26.71	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	283	1,188	16,315.44	13.73	.503	57.65	6.90
@PHARMACY	1,626	12,211 \$	512,320.86	\$ 41.96	5.168 \$	315.08	\$ 216.81
PRESCRIPTION DRUGS	1,618	7,080	506,025.85	71.47	2.996	312.75	214.15
SNF/ICF	513	2,873	142,906.67	49.74	1.216	278.57	60.48
OUTPATIENTS	1,110	4,207	363,119.18	86.31	1.780	327.13	153.67
MEDICAL SUPPLIES	42	5,131	6,295.01	1.23	2.171	149.88	2.66
@DENTIST	34	107 \$	13,249.00	\$ 123.82	.045 \$	389.68	\$ 5.61
VISITS - DIAGNOSTIC	16	43	534.00	12.42	.018	33.38	.23
ORAL SURGERY	4	34	1,730.00	50.88	.014	432.50	.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	6	635.00	105.83	.003	211.67	. 27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	24	10,350.00	431.25	.010	796.15	4.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,394
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	TICES FOR MEDICALLY	NEEDY - AGED				
						THLY AVERA	
2,363 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	30	68 \$	1,408.66	\$ 20.72	.029 \$		\$.60
DIAGNOSTIC AND ANC. PROCED	6	5	237.25	47.45	.002	39.54	.10

						M	ONTHLY AVER	AGE	
2,363 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	30	68	\$ 1,408.66	\$	20.72	.029	\$ 46.96	\$.60
DIAGNOSTIC AND ANC. PROCED	6	5	237.25		47.45	.002	39.54		.10
EYE APPLIANCES	23	61	1,041.91		17.08	.026	45.30		.44
OTHER OPTOMETRIC SERVICES	3	2	129.50		64.75	.001	43.17		.05
@CHIROPRACTOR	4	5	\$	\$	16.72	.002			
VISITS	2	3	50.16		16.72	.001	25.08		.02
OTHER SERVICES	2	2	33.44		16.72	.001	16.72		.01
@PODIATRIST	31	46	\$ 468.82	\$	10.19	.019	\$ 15.12	\$	
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	31	46	468.82		10.19	.019	15.12		.20
@HOME HEALTH AGENCY	2	14	\$ 1,003.31	\$	71.67		\$ 501.66		.42
NURSE ANESTHESIST	1	1	\$ 14.48	\$	14.48	.000	\$ 14.48		.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00		.00	.000			.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000			
@TOTAL HOSPITAL	255	881	\$ 89,708.62	\$.373			
HOSP INPATIENT TOTAL	53	211	76,707.49		363.54	.089	1447.31		32.46
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	2	10	36,382.35		3638.24	.004	18191.18		
ACCOMMODATIONS	2	10	10,381.80		1038.18	.004	5190.90		4.39
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	10	•		1038.18	.004	5190.90		4.39
ANCILLARIES	2	0	26,000.55		.00	.000	13000.28		11.00
INPATIENT CROSSOVERS	51	201	40,325.14		200.62	.085	790.69		17.07
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	236	670	13,001.13		19.40	.284	55.09		5.50
MEDICAL	4	6	944.06		157.34	.003	236.02		.40

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	66.86	16.72	.002	22.29	.03
RADIOLOGY	7	7	183.03	26.15	.003	26.15	.08
ROOM USE	4	6	324.01	54.00	.003	81.00	.14
CROSSOVERS/ALL OTH OUTPTNT	229	647	11,483.17	17.75	.274	50.14	4.86
@COUNTY HOSPITAL TOTAL	4	6	\$ 889.26	\$ 148.21	.003	\$ 222.32	\$.38
CO HOSPITAL INPATIENT TOTAL	1	3	840.00	280.00	.002	840.00	.36
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.002	840.00	.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	3	3	49.26	16.42	.001	16.42	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	49.26	16.42	.001	16.42	.02
	MEDI-CAL SERVICES						PAGE 2,395
MOP024	FEE-FOR-SERVICE/DE						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE		NEEDY - AGED				
DEE NOME COUNTY		2 1 010 1122 10122 1	11022		MON'	THLY AVERA	GE
2,363 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
2,303 1110111110		R DAYS OF CARE	EMI ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	251	875 \$	88,819.36	\$ 101.51	.370 \$	353.86	
COMM HOSP INPATIENT TOTAL	52	208	75,867.49	364.75	.088	1458.99	32.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	10	36,382.35	3638.24	.004	18191.18	15.40
	2	10					4.39
ACCOMMODATIONS	2 0	0	10,381.80	1038.18	.004	5190.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0 2 2	10	10,381.80	1038.18	.004	5190.90	4.39
ANCILLARIES	2	0	26,000.55	.00	.000	13000.28	11.00
INPATIENT CROSSOVERS	50	198	39,485.14	199.42	.084	789.70	16.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	233	667	12,951.87	19.42	.282	55.59	5.48
MEDICAL	4	6	944.06	157.34	.003	236.02	.40
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	66.86	16.72	.002	22.29	.03
RADIOLOGY	7	7	183.03	26.15	.003	26.15	.08
ROOM USE	4	6	324.01	54.00	.003	81.00	.14
CROSSOVERS/ALL OTH OUTPTNT	226	644	11,433.91	17.75	.273	50.59	4.84
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	481	14,119 \$	1,482,644.50	\$ 105.01	5.975 \$	3082.42	\$ 627.44
LEV A-INTERMEDIATE	0	, 0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	481	14,119	1,482,644.50	105.01	5.975	3082.42	627.44
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0 \$.00	.00	.000 \$.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 0 \$.00	\$.00	.000 \$.00	
	0	0 \$.00			
HOSPITAL BASED		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0				.000		.00
@LABORATORY FACILITY	12	32 \$	369.87	\$ 11.56	.014 \$	30.82	
PATHOLOGY	12	32	369.87	11.56	.014	30.82	.16
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	272	453 \$	23,468.09	\$ 51.81	.192 \$	86.28	·
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	272	453	23,468.09	51.81	.192	86.28	9.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	2003	PAGE 2,396

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DED NORTE COUNTY	DOMMARCE OF DERC	VICES FOR MEDICAL	י דעו	NEEDI A	طقا						~-	
0 262								M	-		-	
2,363 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	NDITURES			UNITS/DAY		OST PER		OST PER
		OR DAYS OF CARE		_			UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	301	4,492	\$		0,793.00	\$	6.86	1.901	\$	102.30	\$	13.03
DURABLE MED. EQUIP.	31	130		1	5,625.42		120.20	.055		504.05		6.61
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1			400.09		400.09	.000		400.09		.17
MEDICAL TRANSPORTATION	51	372			2,557.00		6.87	.157		50.14		1.08
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	42	186			1,482.10		7.97	.079		35.29		.63
OTHER SERVICES	9	186			1,074.90		5.78	.079		119.43		.45
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	42	99			1,457.80		14.73	.042		34.71		.62
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	2			77.28		38.64	.001		77.28		.03
PROSTHETICS	1	2			77.28		38.64	.001		77.28		.03
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	5	7			1,057.67		151.10	.003		211.53		.45
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	192	3,881			9,617.74		2.48	1.642		50.09		4.07
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	655	3,779	\$	11	8,952.02	\$	31.48	1.599	\$	181.61	\$	50.34
O* MOMATO TAL MUDOD TTARO ADD	GTITEN 16 1 GER1				-	•					•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,397 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 34,807.99 17.304 \$ 1740.40 \$ 1513.39 @TOTAL, ALL PROVIDERS 20 398 \$ 87.46 5 9 118.80 13.20 .391 \$ 23.76 \$ 5.17 @PHYSICIANS SERVICES .00 0 .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 0 .00 .000 .00 .00 .00 .00 .00 .00 HOME VISITS 0 0 .000 .00 .00 .000 EMERGENCY ROOM 0 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .000 .00 0 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	Ο	Ō		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		.00
ANESTHESIOLOGIST	0	0			.00	.000			
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	9		118.80	13.20	.391	23.76		5.17
@PHARMACY	17	111	\$	- /	\$ 48.82			\$	235.63
PRESCRIPTION DRUGS	17	111		5,419.49	48.82	4.826	318.79		235.63
SNF/ICF	11	86		4,265.43	49.60	3.739	387.77		185.45
OUTPATIENTS	7	25		1,154.06	46.16	1.087	164.87		50.18
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1	6	\$	54.75	\$ 9.13	.261	\$ 54.75	\$	2.38
VISITS - DIAGNOSTIC	1	6		54.75	9.13	.261	54.75		2.38
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	Ŏ	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	ES MON					DΔ	GE 2,398
MOP024	FEE-FOR-SERVICE/DENTAL	1221 DIADTION	1.10IA	III OF FAIRENT REF	OKI POK UAN	2000 IIIKO D.	10 2005	E A	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICAT	TV NEE	DY - BLIND					01/29/04
DED MOKIE COOMII	TOT CESTVAGE TO TAMPING	· MEDICAL	LI INDE.	חודווח – ביו		MO	NTHLY AVERA	C E	
						MO	NIDLI AVEKA	<u>-</u>	

23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	-	COST PER	_	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$ 37.23	\$	18.62	.087	\$	18.62	\$	1.62
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	2	2	37.23		18.62	.087		18.62		1.62
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	5	\$ 92.02	\$	18.40	.217	\$	30.67	\$	4.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	92.02	18.40	.217	30.67	4.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000		.00
	0	0		.00	.000	.00	
PATHOLOGY	0	0	.00				.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	•	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	2003	PAGE 2,399
MOPO24	FEE-FOR-SERVICE		MEEDY DI IND				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDA - BLIND		14017		C D
03 51 56551 56	Hanna			311D3.GE GO.GE	MON'		
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	2	OR DAYS OF CARE	00.00	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5 \$	92.02	\$ 18.40	.217 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ω	()	0.0	0.0	000	0.0	0.0

25 HEIGIDEED	ОБПКБ	ONTID OF BERVICE	DZZI DIVDI I OKUD	TIVEIGIOU CODI	ONTID/ DITTO	CODITIE	CODITION
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5 \$	92.02	\$ 18.40	.217 \$	30.67	\$ 4.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	92.02	18.40	.217	30.67	4.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	9	251	\$ 28,947.62	Ś	115.33	10.913	\$	3216.40	\$	1258.59
LEV A-INTERMEDIATE	0	0	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	9	251	28,947.62		115.33	10.913		3216.40		1258.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE	2,400
MOP024	FEE-FOR-SERVICE/DENTA	AL.						01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - BLIND						
						M	ONTHLY AVERA	GE	

						THLY AVERAGE	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	14 \$	138.08	\$ 9.86	.609 \$	•	6.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.522	47.37	4.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.522	47.37	4.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	43.34	21.67	.087	21.67	1.88
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	9	17 \$	312.30	\$ 18.37	.739 \$	34.70 \$	13.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,401
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

DEE NORTH COOKIT	DOINIME OF DEEK	VICED IOIC THEFICIA		JUDI DIGINDUD							
							MC	TNC	HLY AVERA	ιGΕ	
1,938 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,382	20,849	\$	783,780.05	\$	37.59	10.758	\$	567.13	\$	404.43
@PHYSICIANS SERVICES	247	1,766	\$	23,950.82	\$	13.56	.911	\$	96.97	\$	12.36
OUTPATIENT VISITS	70	105		3,879.55		36.95	.054		55.42		2.00
OFFICE VISITS	59	78		2,687.65		34.46	.040		45.55		1.39
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	6		310.86		51.81	.003		51.81		.16

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	21	.00 881.04 .00 1,661.11 1,300.11 361.00 .00 361.58 361.58 .00 2,736.84 2,736.84 2,736.84 2,736.84 2,736.84 .00 .00 5,838.78 5,350.66 .00 488.12 .00 935.66 1,463.89 .00 36.80 7,036.61 467,463.46 463,138.36	41.95	.011	146.84	.45
OTHER OUTPATIENT	0	0	00	.00	.000	.00	.00
INPATIENT VISITS	7	32	1 661 11	51 91	.017	237.30	.86
HOSPITAL VISITS	7	28	1 200 11	51.91 46.43	.014	185.73	.67
	,	20 1	261 00	00.45		180.50	.19
CRITICAL CARE	2	4	361.00	90.25	.002		
SNF/ICF/TRANS IP CARE	0	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	361.58	40.18 40.18	.005	45.20	.19
EXAMINATIONS	8	9	361.58	40.18	.005	45.20	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	12	2,736.84	228.07	.006	390.98	1.41
PRINCIPAL SURGEON	7	12	2,736.84	228.07	.006	390.98	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	23	61	5,838.78	95.72	.031	253.86	3.01
PRINCIPAL SURGEON	21	28	5.350.66	191.10	.014	254.79	2.76
ASSISTANT SURGEON	0	0	00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	33	488 12	14.79			.25
DIALYSIS	0	0	100.12	.00	.000	162.71 .00	.00
PATHOLOGY	20	27	025 66	25 20	.019	16 70	.48
PATHOLOGY	20	37	1 462 00	25.29		46.78 44.36	.76
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	3.3	60	1,403.89	24.40		11.00	
PSYCHIATRY	0	U	.00	.00	.000	.00	.00
TIMONIZATION AND INDECITOR	2	3	36.80	12.27	.002	18.40	.02
OTHER SERVICES/ALL X-OVERS	142	1,447	7,036.61 467,463.46	4.86	.747	49.55	3.63
@PHARMACY	1,086	11,464 \$	467,463.46	\$ 40.78	5.915 \$		
PRESCRIPTION DRUGS	142 1,086 1,078	4,453	463,138.36	104.01	2.298	429.63	238.98
SNF/ICF	25	127	7,151.02	56.31	.066	286.04	3.69
OUTPATIENTS	1,053	4,326	455,987.34	105.41	2.232	433.04	235.29
MEDICAL SUPPLIES	47	7.011	4,325.10	.62	3.618	92.02	2.23
@DENTIST	50	233 \$	13,115.45	\$ 56.29	.120 \$	262.31	\$ 6.77
VISITS - DIAGNOSTIC	27	66	1,010.00	15.30 41.60	.034	37.41	.52
ORAL SURGERY	12	124	5,159.00	41.60	.064	429.92	2.66
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	0	233 \$ 66 124 0 6 3 0 15 1 15 0 0	.00	.00	.000	.00	.00
ANESTHESTA	6	6	500.00	83.33	.003	83.33	. 26
PERIODONTICS	3	3	500.00 518.00	172.67	.002	172.67	.27
ENDODONTICS	0	0	1,635.00 1,635.00 .00 4,293.45	.00	.000	.00	.00
RESTORATIVE DENTISTRY	11	15	1 635 00	109.00	.008	148.64	.84
PROSTHETICS	1	1	1,033.00	.00	.001	140.04	.00
	1	1 F	4 202 45		.001	.00 477.05	2.22
DENTURES, STAYPLATES	9	12	4,293.45	286.23	.000	4//.05	
SPACE MAINTAINERS	0	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
					MON7		GE
1,938 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	56	135 \$	2,991.45	\$ 22.16	.070 \$	53.42	\$ 1.54
DIAGNOSTIC AND ANC. PROCED	17	18	779.52	43.31	.009	45.85	.40
EYE APPLIANCES	43	115	1,986.18	17.27	.059	46.19	1.02
OTHER OPTOMETRIC SERVICES	5	2	225.75	112.88	.001	45.15	.12
	12	26 \$		\$ 14.28	.013 \$	30.95	
@CHIROPRACTOR		·					
VISITS	11	21	351.12	16.72	.011	31.92	.18
OTHER SERVICES	1	5	20.24	4.05	.003	20.24	.01
@PODIATRIST	28	48 \$		\$ 15.27	.025 \$	26.18	
MEDICINE/INJECTIONS	11	11	240.60	21.87	.006	21.87	.12
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	1	2		34.60		17.30	.001		34.60		.02
OTHER	16	35		457.78		13.08	.018		28.61		.24
@HOME HEALTH AGENCY	1	15	Ġ	1,035.05	\$	69.00	.008	\$	1035.05	\$.53
NURSE ANESTHESIST	_ 5	31	Š	525.43	\$	16.95	.016	\$	105.09	\$.27
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	\$.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	197	728	¢.	93,343.85		128.22	.376	\$	473.83	\$	48.17
HOSP INPATIENT TOTAL	25	72	Ÿ	73,229.52		1017.08	.037	Y	2929.18	Ÿ	37.79
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	42		61,961.83		1475.28	.022		6884.65		31.97
	9	42				781.68	.022		3647.86		
ACCOMMODATIONS	0			32,830.74							16.94
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		32,830.74		781.68	.022		3647.86		16.94
ANCILLARIES	9	0		29,131.09		.00	.000		3236.79		15.03
INPATIENT CROSSOVERS	16	30		11,267.69		375.59	.015		704.23		5.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	184	656		20,114.33		30.66	.338		109.32		10.38
MEDICAL	34	63		3,584.18		56.89	.033		105.42		1.85
SURGERY	15	18		776.71		43.15	.009		51.78		.40
PATHOLOGY	47	174		2,067.89		11.88	.090		44.00		1.07
RADIOLOGY	34	58		3,954.18		68.18	.030		116.30		2.04
ROOM USE	39	67		3,210.98		47.93	.035		82.33		1.66
CROSSOVERS/ALL OTH OUTPINT	122	276		6,520.39		23.62	.142		53.45		3.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			FC M	ONTH-OF-PAYMENT RE	гр∩рт			DEC		DΛ	GE 2,403
MOP024	FEE-FOR-SERVICE		IN CH	ONIII-OF-PAIMENT KI	EFORT	FOR UAN	2003 IIIKU	טייכ	2003	FA	01/29/04
DEL NORTE COUNTY		ICES FOR MEDICAL	TV N	תבוסע – טומאסו בט							01/29/04
DED NORTE COONTI	SUMMART OF SERV	ICES FOR MEDICAL	пт и	EEDI - DISABDED			N	голтт	HLY AVERA	CF _	
1,938 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2	DACE COST	UNITS/DAY	-	COST PER	-	OST PER
1,930 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIC		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	728	\$	93,343.85		128.22	.376		473.83		48.17
COMM HOSP INPATIENT TOTAL	25	72	Ą			1017.08	.037	Ą	2929.18	Ą	37.79
	0			73,229.52							
HSC HOSPITALS	9	0 42		.00 61,961.83		.00 1475.28	.000		.00 6884.65		.00 31.97
NON-HSC HOSPITALS TOTAL	9										
ACCOMMODATIONS	9	42		32,830.74		781.68	.022		3647.86		16.94
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		32,830.74		781.68	.022		3647.86		16.94
ANCILLARIES	9	0		29,131.09		.00	.000		3236.79		15.03
INPATIENT CROSSOVERS	16	30		11,267.69		375.59	.015		704.23		5.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	184	656		20,114.33		30.66	.338		109.32		10.38
MEDICAL	34	63		3,584.18		56.89	.033		105.42		1.85
SURGERY	15	18		776.71		43.15	.009		51.78		.40
PATHOLOGY	47	174		2,067.89		11.88	.090		44.00		1.07
RADIOLOGY	34	58		3,954.18		68.18	.030		116.30		2.04
ROOM USE	39	67		3,210.98		47.93	.035		82.33		1.66
CROSSOVERS/ALL OTH OUTPTNT	122	276		6,520.39		23.62	.142		53.45		3.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	25	670	\$	78,044.68	\$	116.48	.346	\$	3121.79	\$	40.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	670		78,044.68		116.48	.346		3121.79		40.27
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	68	\$	697.84	\$	10.26	.035	\$	697.84	\$.36
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	1	68		697.84		10.26	.035		697.84		.36
@REHABILITATION FACILITY	2	5	\$	126.66	\$	25.33	.003	\$	63.33	\$.07
HOSPITAL BASED	2	5	·	126.66	•	25.33	.003	•	63.33		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	46	177	\$	2,256.13	\$	12.75	.091	\$		\$	1.16
PATHOLOGY	46	177	·	2,256.13	•	12.75	.091	•	49.05		1.16
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	463	735	\$	53,663.04	\$.379	\$	115.90	\$	27.69
CLINIC	2	3	•	47.49		15.83	.002	•	23.75		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	461	732		53,615.55		73.25	.378		116.30		27.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-		EPOR'	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,404
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICA	LLY NEEDY	- DISABLED							
	-						N	IONT	HLY AVERA	GE -	
1 020 51 1915	HARRA INITES OF				2						TOOM DED

1,938 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	208	4,748 \$	45,461.85	\$ 9.57	2.450 \$	218.57	\$ 23.46
DURABLE MED. EQUIP.	10	31	22,209.06	716.42	.016	2220.91	11.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	443	5,646.72	12.75	.229	188.22	2.91
AMBULANCES/AIR TRANS	21	386	3,927.99	10.18	.199	187.05	2.03
OTHER TRANS	7	49	430.82	8.79	.025	61.55	.22
OTHER SERVICES	3	8	1,287.91	160.99	.004	429.30	.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	908.90	129.84	.004	454.45	.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	55	126	1,749.36	13.88	.065	31.81	.90
PHYSICAL THERAPIST	6	35	577.15	16.49	.018	96.19	.30
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	14	1,783.68	127.41	.007	445.92	.92
PROSTHETICS	4	14	1,783.68	127.41	.007	445.92	.92
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	340.07	48.58	.004	113.36	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,037	7,630.40	7.36	.535	401.60	3.94
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	90	3,047	4,511.51	1.48	1.572	50.13	2.33
@CALIF. CHILDREN SERVICES*	3	28	\$ 22,986.88	\$ 820.96	.014	\$ 7662.29	\$ 11.86
@XOVER EXCLUDING STATE HOSP**	288	5,375	\$ 33,210.46	\$ 6.18	2.773	\$ 115.31	\$ 17.14

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,405 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OR DAYS OF CARE

28,944 ELIGIBLES

222 1.01.12 0001.11	Dollaries of Serv	1020 1011 1120101121	111111111111111111111111111111111111111		MON	THLY AVERAC	3E
28,944 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12,934 1,806 903 814 0 57	69,352 \$	4,284,217.68	\$ 61.77	2.396 \$		\$ 148.02
@PHYSICIANS SERVICES	1 806	2 2 2 2	106 500 50	•	.137 \$		
OUTPATIENT VISITS	903	1,234	43,670.72	35.39	.043	48.36	1.51
OFFICE VISITS	814	1 068	36,303.13	33.99	.037	44.60	1.25
HOME VISITS	014	1,000	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	60	3,349.94	55.83	.002	58.77	.12
PREVENTIVE CARE	57	00	3,349.94 .00 2,719.06	.00	.002	.00	.00
OR VICING (COMPRE DEDI	22	7.2	2 710 06	37.25	.003	118.22	.09
OB VISITS/COMPRE PERI	23	/3	2,719.06				
OTHER OUTPATIENT	30	33	1,298.59	39.35 63.87	.001	43.29	.04
INPATIENT VISITS	68	166	10,601.69		.006	155.91	.37
HOSPITAL VISITS	65	140	7,849.64	56.07	.005	120.76	. 27
CRITICAL CARE	5	26	2,752.05	105.85	.001	550.41	.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00 40.97	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	39	1,597.73	40.97	.001	49.93	.06
EXAMINATIONS	32	39	1,597.73	40.97	.001	49.93	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	81	373	37,232.96 29,821.00	99.82	.013	459.67	1.29
PRINCIPAL SURGEON	61	76	29,821.00	392.38	.003	488.87	1.03
ASSISTANT SURGEON	8	8	1,675.30	209.41	.000	209.41	.06
ANESTHESIOLOGIST	19	289	5,736.66	19.85	.010	301.93	.20
OUTPATIENT SURGERY	261	3,977 \$ 1,234 1,068 0 60 0 73 33 166 140 26 0 39 39 0 373 76 8 289 508 375 1	55,729.57	109.70	.018	213.52	1.93
PRINCIPAL SURGEON	251	375	53,140.78	141.71	.013	211.72	1.84
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	13	132	2,487.71	18.85	.005	191.36	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.07
PATHOLOGY	201	312	7,329.53	23.49	.011	36.47	. 25
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	523	693	20,452.31	29.51	.024	39.11	.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	20	175.67	8.78	.001	12.55	.01
OTHER SERVICES/ALL X-OVERS	330	620	17,920.53	28.90	.021	54.30	.62
@PHARMACY	6 913	22,998 \$	1,020,228.92		.795 \$		
PRESCRIPTION DRUGS	6 871	16,484	1,020,220.32	61.14	.570	146.68	34.82
SNF/ICF	0 14 330 6,913 6,871 1 6,870 117 279 213 69 0 27 2 20 94 2	1	12.39	12.39	.000	12.39	.00
OUTPATIENTS	6 970	16,483	1,007,849.03	61.14	.569	146.70	34.82
MEDICAL SUPPLIES	0,670	6,514	12,367.50	1.90	.225	105.71	.43
@DENTIST	270	1,536 \$		\$ 43.74	.053 \$		
VISITS - DIAGNOSTIC	2/9	722		17.63		59.76	.44
VISIIS - DIAGNOSIIC	213	370	12,729.00 23,715.00	64.09	.025	343.70	.82
ORAL SURGERY	69				.013		
DRUGS	U	0 30 2 45 311 2 20 0	.00	.00	.000	.00	.00
ANESTHESIA	27	30	2,700.00	90.00	.001	100.00	.09
PERIODONTICS	2	2	110.00	55.00	.000	55.00	.00
ENDODONTICS	20	45	3,432.00	76.27	.002	171.60	.12
RESTORATIVE DENTISTRY	94	311	17,810.00	57.27	.011	189.47	.62
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	12	20	6,070.00	303.50	.001	505.83	.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	./	7	350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	7	210.00	30.00	.000	30.00	.01
ALL OTHER SERVICES	13	20	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,406
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
DEL NORTE COUNTY		CICES FOR MEDICALLY	NEEDY - FAMILIES				
					MON	THLY AVERAC	GE
28 844 ELICIPLES	PGTPII	INTTO OF CEDUTOR	PADEMULLUMAGKA	ATTEDACE COST			COCT DED

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	412	1,035	\$	24,906.84	\$	24.06	.036	\$	60.45	Ġ	.86
DIAGNOSTIC AND ANC. PROCED	309	311	Υ	14,099.99	Υ	45.34	.011	Ψ.	45.63	т	.49
EYE APPLIANCES	265	722		10,757.94		14.90	.025		40.60		.37
OTHER OPTOMETRIC SERVICES	2	2		48.91		24.46	.000		24.46		.00
@CHIROPRACTOR	239	441	\$	7,340.08	\$	16.64	.015	\$	30.71	\$.25
VISITS	238	439		7,323.36		16.68	.015		30.77		. 25
OTHER SERVICES	1	2	_	16.72		8.36	.000	_	16.72		.00
@PODIATRIST	40	80	\$	3,458.86	\$	43.24	.003	Ş	86.47	Ş	.12
MEDICINE/INJECTIONS	35 2	41 3		1,276.76 685.03		31.14 228.34	.001 .000		36.48 342.52		.04 .02
SURGERY/ANES. RADIO./PATHOLOGY	12	23		380.60		16.55	.001		31.72		.01
OTHER	7	13		1,116.47		85.88	.000		159.50		.04
@HOME HEALTH AGENCY	6	16	\$	1,060.14	\$	66.26		\$	176.69	\$.04
NURSE ANESTHESIST	184	969	\$	18,667.83	\$	19.27	.033	\$	101.46	\$.64
NURSE MIDWIFE	77	164	\$	30,881.97	\$	188.30	.006	\$	401.06	\$	1.07
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,137	17,863	\$	1,573,045.27	\$	88.06	.617	\$	501.45	\$	54.35
HOSP INPATIENT TOTAL	185	713		1,038,243.58		1456.16	.025		5612.13		35.87
HSC HOSPITALS	10 173	32 661		45,277.00		1414.91	.001		4527.70		1.56
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	173	661		991,286.58 452,860.78		1499.68 685.11	.023		5729.98 2617.69		34.25 15.65
ACCOMMODATIONS ADMINISTRATIVE DAYS	1/3	2		452,860.78		231.30	.000		462.60		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	659		452,398.18		686.49	.023		2615.02		15.63
ANCILLARIES	173	0		538,425.80		.00	.000		3112.29		18.60
INPATIENT CROSSOVERS	2	20		1,680.00		84.00	.001		840.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,053	17,150		534,801.69		31.18	.593		175.17		18.48
MEDICAL	1,364	1,880		110,076.55		58.55	.065		80.70		3.80
SURGERY	305	386		21,292.36		55.16	.013		69.81		.74
PATHOLOGY	1,166 1,152	4,807 1,505		61,365.22 94,464.95		12.77 62.77	.166 .052		52.63 82.00		2.12 3.26
RADIOLOGY ROOM USE	1,152	2,756		103,771.86		37.65	.095		56.99		3.26
CROSSOVERS/ALL OTH OUTPTNT		5,816		143,830.75		24.73	.201		93.40		4.97
@COUNTY HOSPITAL TOTAL	2	5,010	\$	195.03	\$	39.01	.000	Ġ	97.52	Ġ	.01
CO HOSPITAL INPATIENT TOTAL		0	т	.00	т.	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		195.03		39.01	.000		97.52		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.63		5.63	.000		5.63		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		119.00		39.67	.000		119.00		.00
CROSSOVERS/ALL OTH OUTPTNT		1	- N	70.40		70.40	.000	חחמ	70.40	D.7	.00
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	-	ES M	IONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,407 01/29/04
DEL NORTE COUNTY		/ICES FOR MEDICAL	LY N	FEDY - FAMILIES							01/23/04
DED MORTE COOMIT	SOLUMICI OF SERV	TODO TOR MEDICALI	IN	TIMITHED			M	ONT	HLY AVERA	GE -	
28,944 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,135	17,858	\$	1,572,850.24	\$	88.08	.617	\$	501.71	\$	54.34

COMM HOSP INPATIENT TOTAL	185	713		1,038,243.58		1456.16	.025		5612.13		35.87
HSC HOSPITALS	10	32		45,277.00		1414.91	.001		4527.70		1.56
	1.70	661		991,286.58			.023				34.25
NON-HSC HOSPITALS TOTAL	1/3					1499.68			5729.98		
ACCOMMODATIONS	173	661		452,860.78		685.11	.023		2617.69		15.65
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.02
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	659		452,398.18		686.49	.023		2615.02		15.63
ANGILIADIEC	173	0							3112.29		
ANCILLARIES	1/3			538,425.80		.00	.000				18.60
INPATIENT CROSSOVERS	2	20		1,680.00		84.00	.001		840.00		.06
ALL OTHER INPATIENT	0	20 0 17,145		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,051	17,145		534,606.66		31.18	.592		175.22		18.47
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	1 364	1,880		110,076.55		58.55	.065		80.70		3.80
SURGERY	305	386		21,292.36		55.16	.013		69.81		.74
				21,292.30							
PATHOLOGY	1,165	4,806		61,359.59		12.77	.166		52.67		2.12
RADIOLOGY	1,152	1,505		94,464.95		62.77	.052		82.00		3.26
ROOM USE	1,820	2,753		103,652.86		37.65	.095		56.95		3.58
CROSSOVERS/ALL OTH OUTPTNT	1,539	5,815		143,760.35		24.72	.201		93.41		4.97
@STATE HOSDITAI.	,	0	\$.00	\$.00	.000	\$.00	Ġ	.00
MENUALLY III	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
MENIALLI ILL	0	0									
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
I.EV R_SHRACHTE EPERSTANDING	Ô	0		.00		.00	.000		.00		.00
LEV D-SUDACUTE PREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
TCF DDH	0	0	•	.00	·	.00	.000	•	.00	•	.00
ICE DD	0	Ô		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0									
TCF DDN/DDCN	U	0		.00	4.	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	307	\$	17,662.94	\$	57.53		\$	2207.87	\$.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	307		17,662.94		57.53	.011		2207.87		.61
@REHARTI.TTATTON FACTI.TTV	13	119	\$	3,114.59	\$	26.17	.004	Ś		Ś	.11
INCOLUMN DACED	13	119	٧	3,114.59	Y	26.17	.004	Y	239.58	Y	.11
HOSPITAL BASED	13	119		•							
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,021	3,028	\$	47,850.69	\$	15.80	.105	\$	46.87	\$	1.65
PATHOLOGY	1,021	3,028		47,850.69		15.80	.105		46.87		1.65
XO AND OTHERS	, 0	. 0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,688	10,038	\$	1,150,769.66	\$	114.64	.347	¢	172.06	¢	39.76
CLINIC CLINIC	35	155	Y	7,088.13	Ÿ	45.73	.005	Y	202.52	Ÿ	.24
CTINIC	35										
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	35 0 0 6,658	9,883		1,143,681.53		115.72	.341		171.78		39.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	S M		EPORT	r for Jan :	2003 THRU	DEC	2003	Р	AGE 2,408
MOP024	FEE-FOR-SERVIC										01/29/04
DEL NORTE COUNTY		VICES FOR MEDICALL	v N	IEEDV EXMITTEC							01/25/01
DEL NORTE COUNTY	SUMMARI OF SER	VICES FOR MEDICALL	1 I I	LEEDI - FAMILIES				ONTEN:		aп	
							M				
28,944 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	928		\$	121,321.36	\$	17.89	.234			\$	4.19
DURABLE MED. EQUIP.	39	75	Τ	10,603.79	Υ	141.38	.003	Ψ.	271.89	Ψ.	.37
				•							
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	148	2,964		56,052.21		18.91	.102		378.73		1.94
AMBULANCES/AIR TRANS	147	2,945		36,925.39		12.54	.102		251.19		1.28
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	15	19		19,126.82		1006.67	.001		1275.12		.66
				-							
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,085.00	103.65	.003	103.65	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	248	527	4,892.63	9.28	.018	19.73	.17
PHYSICAL THERAPIST	89	767	11,665.42	15.21	.026	131.07	.40
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	485.43	53.94	.000	69.35	.02
PROSTHETICS	7	9	485.43	53.94	.000	69.35	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	78	3,390.22	43.46	.003	116.90	.12
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	281	2,181	21,503.50	9.86	.075	76.52	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	102	4,396.81	43.11	.004	157.03	.15
@CALIF. CHILDREN SERVICES*	49	185	\$ 79,906.97	\$ 431.93	.006	\$ 1630.75	\$ 2.76
@XOVER EXCLUDING STATE HOSP**	46	157	\$ 4,682.63	\$ 29.83	.005	\$ 101.80	\$.16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 2,409

01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DEH NORTE COONTI	DOMMANT OF DER	VICES FOR MEDICALLI N	EEDI TOTAL		1401		a
22 060 51 16151 56	Hanna				MON		
33,268 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16,292	124,249 \$	7,276,453.30	\$ 58.56	3.735		
@PHYSICIANS SERVICES	2,353	6,973 \$		\$ 34.26	.210		
OUTPATIENT VISITS	985	1,355	48,185.27	35.56	.041	48.92	1.45
OFFICE VISITS	884	1,161	39,581.18	34.09	.035	44.78	1.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	64	67	3,705.40	55.30	.002	57.90	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	29	94	3,600.10	38.30	.003	124.14	.11
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	78	206	12,867.51	62.46	.006	164.97	.39
HOSPITAL VISITS	75	173	9,389.66	54.28	.005	125.20	.28
CRITICAL CARE	8	33	3,477.85	105.39	.001	434.73	.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	40	48	1,959.31	40.82	.001	48.98	.06
EXAMINATIONS	40	48	1,959.31	40.82	.001	48.98	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	89	386	40,052.45	103.76	.012	450.03	1.20
PRINCIPAL SURGEON	69	89	32,640.49	366.75	.003	473.05	.98
ASSISTANT SURGEON	8	8	1,675.30	209.41	.000	209.41	.05
ANESTHESIOLOGIST	19	289	5,736.66	19.85	.009	301.93	.17
OUTPATIENT SURGERY	285	570	61,863.58	108.53	.017	217.07	1.86
PRINCIPAL SURGEON	273	404	58,786.67	145.51	.012	215.34	1.77
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	16	165	2,975.83	18.04	.005	185.99	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.06
PATHOLOGY	222	350	8,313.39	23.75	.011	37.45	.25
RADIOLOGY	561	759	22,049.74	29.05	.023	39.30	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	23	212.47	9.24	.001	13.28	.01
OTHER SERVICES/ALL X-OVERS	760	3,264	41,391.38	12.68	.098	54.46	1.24

@PHARMACY	9,642	46,784	\$ 2,005,432.73	\$ 42.87	1.406	\$ 207.99	\$ 60.28
PRESCRIPTION DRUGS	9,584	28,128	1,982,445.12	70.48	.845	206.85	59.59
SNF/ICF	550	3,087	154,335.51	50.00	.093	280.61	4.64
OUTPATIENTS	9,040	25,041	1,828,109.61	73.00	.753	202.22	54.95
MEDICAL SUPPLIES	206	18,656	22,987.61	1.23	.561	111.59	.69
@DENTIST	364	1,882	\$ 93,605.20	\$ 49.74	.057	\$ 257.16	\$ 2.81
VISITS - DIAGNOSTIC	257	837	14,327.75	17.12	.025	55.75	.43
ORAL SURGERY	85	528	30,604.00	57.96	.016	360.05	.92
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	33	36	3,200.00	88.89	.001	96.97	.10
PERIODONTICS	5	5	628.00	125.60	.000	125.60	.02
ENDODONTICS	20	45	3,432.00	76.27	.001	171.60	.10
RESTORATIVE DENTISTRY	108	332	20,080.00	60.48	.010	185.93	.60
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	34	59	20,713.45	351.08	.002	609.22	.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

7 7 350.00 50.00 50.00 MAXILLOFACIAL SERVICES .000 .01 0 0 .00 .00 .000 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES 7 7 210.00 30.00 .000 30.00 .01 23 ALL OTHER SERVICES 16 .00 .00 .001 .00 .00 PAGE 2,410

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,410 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTA

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY N	EEDY - TOTAL							
							Mo			GE	
33,268 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	498	1,238	\$	29,306.95	\$	23.67	.037	\$	58.85	\$.88
DIAGNOSTIC AND ANC. PROCED	332	334		15,116.76		45.26	.010		45.53		.45
EYE APPLIANCES	331	898		13,786.03		15.35	.027		41.65		.41
OTHER OPTOMETRIC SERVICES	10	6		404.16		67.36	.000		40.42		.01
@CHIROPRACTOR	255	472	\$	7,795.04	\$	16.51	.014	\$	30.57	\$.23
VISITS	251	463		7,724.64		16.68	.014		30.78		.23
OTHER SERVICES	4	9		70.40		7.82	.000		17.60		.00
@PODIATRIST	101	176	\$	4,697.89	\$	26.69	.005	\$	46.51	\$.14
MEDICINE/INJECTIONS	46	52		1,517.36		29.18	.002		32.99		.05
SURGERY/ANES.	2	3		685.03		228.34	.000		342.52		.02
RADIO./PATHOLOGY	13	25		415.20		16.61	.001		31.94		.01
OTHER	56	96		2,080.30		21.67	.003		37.15		.06
@HOME HEALTH AGENCY	9	45	\$	3,098.50	\$	68.86	.001	\$	344.28	\$.09
NURSE ANESTHESIST	190	1,001	\$	19,207.74	\$	19.19	.030	\$	101.09	\$.58
NURSE MIDWIFE	77	164	\$	30,881.97	\$	188.30	.005	\$	401.06	\$.93
PEDIATRIC NURSE PRACTITIONER		0	\$		\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0 3,592	0 19,477	\$	1 756 199 76	Ġ	90.17	.585		488.92	\$	52.79
HOSP INPATIENT TOTAL	263	996	•	1,188,180.59	•	1192.95	.030	•	4517.80	·	35.72
HSC HOSPITALS	10	32		45,277.00		1414.91	.001		4527.70		1.36
NON-HSC HOSPITAL TOTAL	184	713		1,089,630.76		1192.95 1414.91 1528.23 695.76	.021		5921.91		32.75
	184	713		496,073.32		695.76	.021		2696.05		14.91
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.01
TRANSITIONAL IP CARE	184 1 0 184	0				.00	.000		.00		.00
ALL OTHER ACCOM	184	711		.00 495,610.72 593,557.44		697.06	.021		2693.54		14.90
ANCILLARIES	184	0		593,557.44		.00	.000		3225.86		17.84
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	69	251		53,272.83		212.24	.008		772.07		1.60
ALL OTHER INPATIENT	0	0				.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3.476	18,481		.00 568,009.17 114,604.79 22,069.07		30.73	.556		163.41		17.07
MEDICAL	1.402	1.949		114.604.79		58.80	.059		81.74		3.44
SURGERY	320	404		22,069.07		54.63	.012		68.97		.66
PATHOLOGY	1,216	4,985		63,499.97		12.74	.150		52.22		1.91
RADIOLOGY	1.193	1.570		98,602.16		62.80	.047		82.65		2.96
ROOM USE	1.864	1,570 2,829		107,306.85		37.93	.085		57.57		3.23
CROSSOVERS/ALL OTH OUTPTNT	1.894	6,744		161,926.33		24.01	.203		85.49		4.87
@COUNTY HOSPITAL TOTAL	320 1,216 1,193 1,864 1,894 6	11	\$		\$.000	\$		\$.03
CO HOSPITAL INPATIENT TOTAL	1	3	4	840.00	-	280.00	.000	т.	840.00	т.	.03
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.000		840.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	8		244.29		30.54	.000		48.86		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.63		5.63	.000		5.63		.00
11111011001	_	1		5.05		3.03	.000		5.05		.00

0 0 RADIOLOGY .00 .00 .000 .00 .00 3 119.00 ROOM USE 1 39.67 .000 119.00 .00 119.66 29.92 29.92 .00 CROSSOVERS/ALL OTH OUTPTNT 4 .000 PAGE 2,411 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEE	DY - TOTAL							
								MON	THLY AVERA	GE	
33,268 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/D	AYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER EL	IG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,586	19,466 \$		1,755,105.47	\$	90.16	.58	5 \$	489.43	\$	52.76
COMM HOSP INPATIENT TOTAL	262	993		1,187,340.59		1195.71	.03) .	4531.83	•	35.69
HSC HOSPITALS	10	32		45,277.00		1414.91	.00		4527.70		1.36
NON-HSC HOSPITALS TOTAL	184	713		1,089,630.76		1528.23	.02		5921.91		32.75
ACCOMMODATIONS	184	713		496,073.32	-	695.76	.02		2696.05		14.91
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.00		462.60		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
	184	711				697.06			2693.54		14.90
ALL OTHER ACCOM				495,610.72			.02				
ANCILLARIES	184	0		593,557.44		.00	.00		3225.86		17.84
INPATIENT CROSSOVERS	68	248		52,432.83		211.42	.00		771.07		1.58
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,471	18,473		567,764.88		30.73	.55		163.57		17.07
MEDICAL	1,402	1,949		114,604.79		58.80	.05		81.74		3.44
SURGERY	320	404		22,069.07		54.63	.01		68.97		.66
PATHOLOGY	1,215	4,984		63,494.34		12.74	.15		52.26		1.91
RADIOLOGY	1,193	1,570		98,602.16		62.80	.04	7	82.65		2.96
ROOM USE	1,863	2,826		107,187.85		37.93	.08	5	57.54		3.22
CROSSOVERS/ALL OTH OUTPTNT	1,890	6,740		161,806.67		24.01	.20	3	85.61		4.86
@STATE HOSPITAL	0	0 \$.00	\$.00	.00) \$.00	\$.00
MENTALLY ILL	0	0		.00	•	.00	.00) .	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	515	15,040 \$		1,589,636.80	\$	105.69	.45			Ś	47.78
LEV A-INTERMEDIATE	0	0		.00	Ψ	.00	.00		.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.00)	.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B-REGULAR	515	15,040		1,589,636.80		105.69	.45		3086.67		47.78
	0	15,040 0 \$		' '	\$.00				4	
@INTERMEDIATE CARE FACILDD	0	0 \$.00	Ş		.00			Þ	.00
ICF DDH	0	_		.00		.00	.00		.00		.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN		0		.00		.00	.00		.00	_	.00
@HEMODIALYSIS TOTAL	9	375 \$		18,360.78	\$	48.96	.01			\$.55
HOSPITAL BASED	0	0		.00		.00	.00		.00		.00
HEMODIALYSIS CENTER	9	375		18,360.78		48.96	.01		2040.09		.55
@REHABILITATION FACILITY	15	124 \$		3,241.25	\$	26.14		4 \$		\$.10
HOSPITAL BASED	15	124		3,241.25		26.14	.00	4	216.08		.10
INDEPENDENT FACILITY	0	0		.00		.00	.00)	.00		.00
@LABORATORY FACILITY	1,079	3,237 \$		50,476.69	\$	15.59	.09	7 \$	46.78	\$	1.52
PATHOLOGY	1,079	3,237		50,476.69		15.59	.09	7	46.78		1.52
XO AND OTHERS	0	0		.00		.00	.00)	.00		.00
@ORGANIZED OUTPATIENT CLINIC	7,423	11,226 \$		1,227,900.79	\$	109.38		7 \$		Ś	36.91
CLINIC	37	158		7,135.62	т.	45.16	.00		192.85	т.	.21
SURGICENTER	0	0		.00		.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00		.00		.00
RURAL HEALTH CLINIC	7,391	11,068		1,220,765.17		110.30	.33		165.17		36.69
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON		ידם∩סידי					т	PAGE 2,412
MOP024	FEE-FOR-SERVICE		MOIN	III-OF-PAIMENI K	TYO 4 a.	I.OK OAN	2003 IRK	ם ע	C 2003	F	01/29/04
MOPUZ4	LEE-FOK-SEKVICE	ANTAL		DI MOMAT							01/29/04

33,268 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DEL NORTE COUNTY

	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,441	16,035 \$	197,714.29	\$ 12.33	.482 \$	137.21	\$ 5.94
DURABLE MED. EQUIP.	80	236	48,438.27	205.25	.007	605.48	1.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	400.09	400.09	.000	400.09	.01
MEDICAL TRANSPORTATION	231	3,791	64,350.67	16.97	.114	278.57	1.93
AMBULANCES/AIR TRANS	168	3,331	40,853.38	12.26	.100	243.17	1.23
OTHER TRANS	51	247	2,007.66	8.13	.007	39.37	.06
OTHER SERVICES	27	213	21,489.63	100.89	.006	795.91	.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	79	79	8,190.00	103.67	.002	103.67	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	908.90	129.84	.000	454.45	.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	345	752	8,099.79	10.77	.023	23.48	.24
PHYSICAL THERAPIST	95	802	12,242.57	15.27	.024	128.87	.37
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	25	2,346.39	93.86	.001	195.53	.07
PROSTHETICS	12	25	2,346.39	93.86	.001	195.53	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	92	4,787.96	52.04	.003	129.40	.14
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	300	3,218	29,133.90	9.05	.097	97.11	.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	312	7,032	18,569.40	2.64	.211	59.52	.56
@CALIF. CHILDREN SERVICES*	52	213 \$	102,893.85	\$ 483.07	.006 \$	1978.73	\$ 3.09
@XOVER EXCLUDING STATE HOSP**	998	9,328 \$	157,157.41	\$ 16.85	.280 \$	157.47	\$ 4.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,413 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

					IIOI	ATITUT WARIVE	GE
2,423 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,090	4,769 \$	284,221.48	\$ 59.60	1.968	260.75	\$ 117.30
@PHYSICIANS SERVICES	144	299 \$	14,106.61	\$ 47.18	.123	97.96	\$ 5.82
OUTPATIENT VISITS	88	114	3,866.09	33.91	.047	43.93	1.60
OFFICE VISITS	64	76	2,660.58	35.01	.031	41.57	1.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	477.44	43.40	.005	47.74	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	17	322.46	18.97	.007	80.62	.13
OTHER OUTPATIENT	10	10	405.61	40.56	.004	40.56	.17
INPATIENT VISITS	5	29	1,702.22	58.70	.012	340.44	.70
HOSPITAL VISITS	5	27	1,573.70	58.29	.011	314.74	.65
CRITICAL CARE	1	2	128.52	64.26	.001	128.52	.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	37.15	18.58	.001	18.58	.02
EXAMINATIONS	2	2	37.15	18.58	.001	18.58	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	8	3,950.48	493.81	.003	493.81	1.63
PRINCIPAL SURGEON	8	8	3,950.48	493.81	.003	493.81	1.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

13	27	1.837.50	68.06	.011	141.35		.76
13	18						.68
0	0						.00
1	9						.08
0	0	.00		.000	.00		.00
12	18	253.00		.007	21.08		.10
29	44	781.82		.018	26.96		.32
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
26	57	1,678.35	29.44	.024	64.55		.69
516	1,151 \$	55,897.12	2 \$ 48.56	.475	108.33	\$	23.07
510	1,097	53,308.63	48.59	.453	104.53		22.00
2	5	96.66	5 19.33	.002	48.33		.04
509	1,092	53,211.95	7 48.73	.451	104.54		21.96
14	54	2,588.49	9 47.94	.022	184.89		1.07
30	126 \$	3,207.55	7 \$ 25.46	.052	106.92	\$	1.32
25	90	1,342.00	14.91	.037	53.68		.55
2	3	128.00	42.67	.001	64.00		.05
3	3	75.00	25.00	.001	25.00		.03
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
10	19	754.00	39.68	.008	75.40		.31
0	0	.00	.00	.000	.00		.00
1	7	288.00	41.14	.003	288.00		.12
0	0	.00	.00	.000	.00		.00
0	0	.00	.00	.000	.00		.00
0	0			.000	.00		.00
1	4			.002	620.57		.26
0	0	.00	.00	.000	.00		.00
		MONTH-OF-PAYMENT	REPORT FOR JAN	1 2003 THRU DE	EC 2003	_	,
FEE-FOR-SERVICE/DENTA	L					C)1/29/04
	0 1 0 12 29 0 0 0 26 516 510 2 509 14 30 25 2 3 0 0 0 0 10 0 0 10 0 0	13	13 18 1,648.08 0 0 000 1 1 9 189.42 0 0 000 12 18 253.00 29 44 781.82 0 0 000 0 000 0 0 000 26 57 1,678.39 516 1,151 \$ 55,897.12 510 1,097 53,308.63 2 5 96.66 509 1,092 53,211.97 14 54 2,588.49 30 126 \$ 3,207.57 25 90 1,342.00 2 3 128.00 0 0 0 0	13 18 1,648.08 91.56 0 0 0 .00 .00 1 1 99 189.42 21.05 0 0 0 .00 .00 12 18 2 18 253.00 14.06 29 44 781.82 17.77 0 0 0 0 .00 .00 0 0 .00 .00 26 57 1,678.35 29.44 516 1,151 \$ 55,897.12 \$ 48.56 510 1,097 53,308.63 48.59 2 5 96.66 19.33 509 1,092 53,211.97 48.73 14 54 2,588.49 47.94 30 126 \$ 3,207.57 \$ 25.46 25 90 1,342.00 14.91 2 3 3 128.00 42.67 3 3 3 75.00 25.00 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	13	13 18 1,648.08 91.56 .007 126.78 0 0 0 .00 .00 .000 .000 .000 1 9 189.42 21.05 .004 189.42 0 0 0 0 .00 .00 .00 .000 .000 12 18 25.00 14.06 .007 21.08 29 44 781.82 17.77 .018 26.96 0 0 0 .00 .00 .00 .00 .000 .000 0 0 .00 .0	13 18 1,648.08 91.56 .007 126.78 00 0 0 .00 .000 .000 .000 11 99 189.42 21.05 .004 189.42 00 0 0 0 .00 .000 .000 .000 .000 .00

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

							-	.IIIII AVIIKA	1015	
2,423 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	35	89	\$ 2,014.02	\$	22.63	.037	\$	57.54	\$.83
DIAGNOSTIC AND ANC. PROCED	24	24	1,113.94		46.41	.010		46.41		.46
EYE APPLIANCES	25	65	900.08		13.85	.027		36.00		.37
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	8	10	\$ 167.20	\$	16.72	.004	\$	20.90	\$.07
VISITS	8	10	167.20		16.72	.004		20.90		.07
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	7	52	\$ 855.69	\$	16.46	.021	\$	122.24	\$.35
NURSE MIDWIFE	3	8	\$ 736.65	\$	92.08	.003	\$	245.55	\$.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	250	1,250	\$ 111,698.29	\$	89.36	.516	\$	446.79	\$	46.10
HOSP INPATIENT TOTAL	10	51	77,991.69		1529.25	.021		7799.17		32.19
HSC HOSPITALS	1	11	18,150.00		1650.00	.005		18150.00		7.49
NON-HSC HOSPITAL TOTAL	9	40	59,841.69		1496.04	.017		6649.08		24.70
ACCOMMODATIONS	9	40	29,128.12		728.20	.017		3236.46		12.02
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00

ALL OTHER ACCOM	9	40	29,128.12	728.20	.017	3236.46	12.02
ANCILLARIES	á	0	30,713.57	.00	.000	3412.62	12.68
-	9	0	'				
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	244	1,199	33,706.60	28.11	.495	138.14	13.91
MEDICAL	112	145	8,496.66	58.60	.060	75.86	3.51
SURGERY	20	27	1,451.59	53.76	.011	72.58	.60
PATHOLOGY	119	500	6,757.21	13.51	.206	56.78	2.79
RADIOLOGY	71	87	3,777.47	43.42	.036	53.20	1.56
ROOM USE	136	176	6,239.64	35.45	.073	45.88	2.58
CROSSOVERS/ALL OTH OUTPINT	92	264	6,984.03	26.45	.109	75.91	2.88
@COUNTY HOSPITAL TOTAL	1	1	\$ 34.21	\$ 34.21	.000	\$ 34.21	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
	0	0						
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	<u></u>	34.21	34.21	.000	34.21	.01	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	34.21	34.21	.000	34.21	.01	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,415	
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MIC - NO SOC	03 04 2A 45 4A	4K 4M 5K 7T 82	8E 8W			
					MON	THLY AVERA	GE	
2,423 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	249	1,249 \$	111,664.08	\$ 89.40	.515 \$			
COMM HOSP INPATIENT TOTAL	10	51	77,991.69	1529.25	.021	7799.17	32.19	
HSC HOSPITALS	1	11	18,150.00	1650.00	.005	18150.00	7.49	
NON-HSC HOSPITALS TOTAL	9	40	59,841.69	1496.04	.017	6649.08	24.70	
ACCOMMODATIONS	9	40	29,128.12	728.20	.017	3236.46	12.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	_	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0 40	29,128.12	728.20	.017	3236.46	12.02	
ANCILLARIES	9	0	30,713.57	.00	.000	3412.62	12.68	
	9	0	•	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	-	.00					
ALL OTHER INPATIENT	-	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	243	1,198	33,672.39	28.11	.494	138.57	13.90	
MEDICAL	112	145	8,496.66	58.60	.060	75.86	3.51	
SURGERY	20	27	1,451.59	53.76	.011	72.58	.60	
PATHOLOGY	119	500	6,757.21	13.51	. 206	56.78	2.79	
RADIOLOGY	71	87	3,777.47	43.42	.036	53.20	1.56	
ROOM USE	135	175	6,205.43	35.46	.072	45.97	2.56	
CROSSOVERS/ALL OTH OUTPTNT	92	264	6,984.03	26.45	.109	75.91	2.88	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00	
ICF DDH	Ô	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DD /DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000		\$.00	
MUCDITAL BACED	0	0 Ş	.00	\$.00	.000 ş	.00	۶ .00	

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

0

0

0

0

72

72

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49.64 \$

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1.48

1.48

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@ORGANIZED OUTPATIENT CLINIC	531	776 \$	82,094.90 \$	105.79	.320 \$	154.60	\$ 33.88
CLINIC	2	5	300.30	60.06	.002	150.15	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	529	771	81,794.60	106.09	.318	154.62	33.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 200	3 THRU DEC	2003	PAGE 2,416
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----2.423 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF CIRC. 804 \$ 0 9,869.30 \$ 12.28 .332 \$ 126.53 \$ 4.07 .00 .00 .00 .00 .00 @ALL OTHER PROVIDERS 78 DURABLE MED. EOUIP. 0 0 0 BLOOD BANK .00 0 19 19 0 .00 HEARING AID DISPENSERS 188 187 MEDICAL TRANSPORTATION 1.61 AMBULANCES/AIR TRANS 1.08 0 0 .00 OTHER TRANS 1 OTHER SERVICES .53 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 6 .26 .00 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 58 6 OCCUPATIONAL THERAPIST 0 .00 OPTICIAN .21 PHYSICAL THERAPIST .05 0 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST 0 3 SPEECH AND AUDIOLOGY 6 .12 0 0 0 22 0 528 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES 1.69 0 EPSDT SUPPLEMENTAL SERVICE .00 0 0 0 0 1 10 22 117 \$ 0 \$.00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 ALL UTHER PROVIDERS 1

@CALIF. CHILDREN SERVICES* 22

@XOVER EXCLUDING STATE HOSP** 0 ALL OTHER PROVIDERS .10 .048 \$ 1111.51 \$ 10.09 .000 \$.00 \$.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,417 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

08 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17	77	\$	8,736.01	\$ 113.45	9.625	513.88	\$	1092.00
@PHYSICIANS SERVICES	6	8	\$	729.40	\$ 91.18	1.000	121.57	\$	91.18
OUTPATIENT VISITS	1	1		45.76	45.76	.125	45.76		5.72
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		45.76	45.76	.125	45.76		5.72
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF/TRANS IP CARE	Ü	U	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	U	U	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	1	630.21	157.55	.500	210.07	78.78
	3	4					
PRINCIPAL SURGEON	3	4	630.21	157.55	.500	210.07	78.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	1	1					
PATHOLOGY	<u>_</u>	<u> </u>	10.40	10.40	.125	10.40	1.30
RADIOLOGY	2	2	43.03	21.52	.250	21.52	5.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00				.00
@PHARMACY	0	0 \$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL SUPPLIES	Ü	_	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	U	U	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	
PROSTHETICS	0	0	.00		.000		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ORTHODONTIC SERVICES	U	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	1 2003 THRU 1	DEC 2003	PAGE 2,418
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
DEL NORTE COUNTY		JICES FOR MIC - SOC		AID COI	٦E 83		- , - , -
DDD NORTH COONTI	BOILING OF BEIC	VICED FOR MIC BOC		TIED COL		ONTHLY AVERA	CE
00 51 5655 56							
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAY		COST PER
		OR DAYS OF CARE		PER UNIT/DA	AY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	Ō	0	.00	.00	.000	.00	.00
	0	0					
EYE APPLIANCES	•	· ·	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	_					
@PODIATRIST	•	~ ~	.00	\$.00		•	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	-	· · · · · · · · · · · · · · · · · · ·					
	0	- 1	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	13 \$	269.44	\$ 20.73	1.625	\$ 89.81	\$ 33.68

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	54	\$	7,504.95	\$	138.98	6.750	\$	682.27	\$	938.12
HOSP INPATIENT TOTAL	1	2		6,181.90		3090.95	.250		6181.90		772.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		6,181.90			.250		6181.90		772.74
ACCOMMODATIONS	1	2		1,161.60		3090.95 580.80	.250		1161.60		145.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0	0					.000				
ALL OTHER ACCOM	1	2		1,161.60		580.80	. 250		1161.60		145.20
ANCILLARIES	Ţ	Ü		5,020.30		.00	.000		5020.30		627.54
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1 1 0 0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	52		1,323.05		25.44	6.500		132.31		165.38
MEDICAL	7	4		158.02		39.51	.500		39.51		19.75
SURGERY	6	6		506.26		84.38	.750		84.38		63.28
PATHOLOGY	3	14		144.88		10.35	1.750		48.29		18.11
RADIOLOGY	6	7		135.99		19.43	.875		22.67		17.00
ROOM USE	8	8		274.04		34.26	1.000		34.26		34.26
CROSSOVERS/ALL OTH OUTPTNT	4	13		103.86		7.99	1.625		25.97		12.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ċ	.00	.000	Ġ	.00	¢	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0		.00							
NON-HSC HOSPITALS TOTAL	0	0				.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		Ŏ		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES		rc Ma		ים∩מי			יביכ		D	AGE 2,419
MOP024	FEE-FOR-SERVICE/DI		141 Cill	ONIII-OF-PAIMENT KI	EFOR	I POR UAN 2	LOOS TIIKO L	ا الدار	2003	Г.	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE/DI		oa			AID CODE	0.2				01/29/04
DEL NORIE COUNTY	SUMMARY OF SERVICE	ES FOR MIC - SO	UC			AID CODE		*TITT	a	aп	
0.0 51 16151 56							MC				
08 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		ERAGE COST		5 (COST PER
	(OR DAYS OF CARE	4.			R UNIT/DAY		4.	USER		ELIGIBLE
		54	\$	7,504.95	\$	138.98		\$	682.27	\$	
COMM HOSP INPATIENT TOTAL	1	2		6,181.90		3090.95	.250		6181.90		772.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		6,181.90		3090.95	.250		6181.90		772.74
ACCOMMODATIONS	1	2		1,161.60		580.80	.250		1161.60		145.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,161.60		580.80	.250		1161.60		145.20
ANCILLARIES	1	0		5,020.30		.00	.000		5020.30		627.54
INPATIENT CROSSOVERS	0	Ő		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	52		1,323.05		25.44	6.500		132.31		165.38
MEDICAL	4	4		1,323.03		39.51			39.51		19.75
							.500				
SURGERY	6	6 1.4		506.26		84.38	.750		84.38		63.28
PATHOLOGY	3	14		144.88		10.35	1.750		48.29		18.11

RADIOLOGY	6	7	135.99	19.43	.875	22.67	17.00
ROOM USE	8	8	274.04	34.26	1.000	34.26	34.26
CROSSOVERS/ALL OTH OUTPINT	4	13	103.86	7.99	1.625	25.97	12.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	.00	Υ	.00
HEMODIALYSIS CENTER	0	Ő		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	٧	.00	Υ	.00	.000	.00	Υ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ġ	.00	.000 \$		Ċ	.00
PATHOLOGY	0	0	Ą	.00	Ą	.00	.000 \$.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	3	Ġ	232.22	Ġ	116.11	.250 \$		Ġ	29.03
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	2		232.22		116.11	.250	232.22		29.03
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDIIIC		א סידים	232.22 IONTH-OF-PAYMENT R	יםסחים					2,420
MOP024	FEE-FOR-SERVICE		KES M	IONIH-OF-PAIMENI R	EPUR.	I FOR JAN 2	ZUUS IRKU DE	C 2003		
			700			ATD CODE	0.2		U	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MIC - S	SOC			AID CODE		miii 17 - 7 17 m 7	CE.	
08 ELIGIBLES	USERS	INITED OF CERTIFICE	-	EXPENDITURES	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		MON			T PER
08 FTIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		R UNIT/DAY	UNITS/DAYS	USER		I PER GIBLE
eall omited providend	0	OR DAYS OF CARE		0.0						-
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		Þ	.00
DURABLE MED. EQUIP.	•	•		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	U	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP*	* 0	0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	NCLUDED IN THE A	PROPRIATE DETAIL	LINE	S ABOVE.						
** THESE DATA ARE INCLUDED	IN THE APPROPRIAT	E DETAIL LINES AE	BOVE.							
#CALIF DEPT OF HEALTH SERV				IONTH-OF-PAYMENT R	REPORT	r for jan 2	2003 THRU DE	C 2003	PAGE	2,421
MOP024	FEE-FOR-SERVICE	/DENTAL							0	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LLY I	NDIGENT - CHILDRE	IN - 7	TOTAL				
							MON	ת משונה ע דעיי	C E	

2,431 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

OMOMAL ALL DROLLDERG	1 107	4 0 4 6	202 057 40	d 60.45	1 002 4	264 64	å 100 F1
@TOTAL, ALL PROVIDERS	1,107	4,846 \$	292,957.49	\$ 60.45	1.993 \$		\$ 120.51
@PHYSICIANS SERVICES	150	307 \$		\$ 48.33	.126 \$		\$ 6.10
OUTPATIENT VISITS	89	115	3,911.85	34.02	.047	43.95	1.61
OFFICE VISITS	64	76	2,660.58	35.01	.031	41.57	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	477.44	43.40	.005	47.74	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	17	322.46	18.97	.007	80.62	.13
OTHER OUTPATIENT	11	11	451.37	41.03	.005	41.03	.19
INPATIENT VISITS	5	29	1,702.22	58.70	.012	340.44	.70
HOSPITAL VISITS	5	27	1,573.70	58.29	.011	314.74	.65
	J 1	2	128.52	64.26	.001	128.52	.05
CRITICAL CARE	0						
SNF/ICF/TRANS IP CARE		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	37.15	18.58	.001	18.58	.02
EXAMINATIONS	2	2	37.15	18.58	.001	18.58	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	8	3,950.48	493.81	.003	493.81	1.63
PRINCIPAL SURGEON	8	8	3,950.48	493.81	.003	493.81	1.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	31	2,467.71	79.60	.013	154.23	1.02
PRINCIPAL SURGEON	16	22	2,278.29	103.56	.009	142.39	.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	189.42	21.05	.004	189.42	.08
	0	0					
DIALYSIS			.00	.00	.000	.00	.00
PATHOLOGY	13	19	263.40	13.86	.008	20.26	.11
RADIOLOGY	31	46	824.85	17.93	.019	26.61	.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	57	1,678.35	29.44	.023	64.55	.69
@PHARMACY	516	1,151 \$	55,897.12	\$ 48.56	.473 \$	108.33	\$ 22.99
PRESCRIPTION DRUGS	510	1,097	53,308.63	48.59	.451	104.53	21.93
SNF/ICF	2	5	96.66	19.33	.002	48.33	.04
OUTPATIENTS	509	1,092	53,211.97	48.73	.449	104.54	21.89
MEDICAL SUPPLIES	14	54	2,588.49	47.94	.022	184.89	1.06
@DENTIST	30	126 \$	3,207.57	\$ 25.46	.052 \$		
VISITS - DIAGNOSTIC	25	90	1,342.00	14.91	.037	53.68	.55
ORAL SURGERY	2	3	128.00	42.67	.001	64.00	.05
DRUGS	3	3	75.00	25.00	.001	25.00	.03
	0	0	.00	.00		.00	
ANESTHESIA	0	0			.000		.00
PERIODONTICS	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	19	754.00	39.68	.008	75.40	.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.003	288.00	.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	4	620.57	155.14	.002	620.57	.26
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 2,422
MOP024	FEE-FOR-SERVICE		11011111 01 111111111111111111111111111		2000 111110 22	2005	01/29/04
DEL NORTE COUNTY		ICES FOR MEDICALLY	TNDTCFNT - CHILDPF	N = TOTAT.			01/25/01
DEL NORTE COUNTT	SOMMAN OF SERV	TCES FOR MEDICALLI	INDIGENT CHILDREN	N IOIAL	MON	ת משוות ע דעידי	CF
2 /21 FITCIDIFC	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COCT			
2,431 ELIGIBLES	USERS		EVACIONTIONES	AVERAGE COST			COST PER
CODMOMPEDICE	3.5	OR DAYS OF CARE	0 014 00	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	35	89 \$	•	\$ 22.63	.037 \$		
DIAGNOSTIC AND ANC. PROCED	24	24	1,113.94	46.41	.010	46.41	. 46
EYE APPLIANCES	25	65	900.08	13.85	.027	36.00	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	8	10 \$	167.20	\$ 16.72		\$ 20.90	\$.07
VISITS	8	10	167.20	16.72	.004	20.90	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	\$.00			
@PODIATRIST	0	•					•
MEDICINE/INJECTIONS	0	0	.00	.00		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00		.00	.00
	0						
OTHER	U	0	.00	.00		.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	10	65 \$	1,125.13	\$ 17.31	.027	\$ 112.51	\$.46
NURSE MIDWIFE	3	8 \$	736.65	\$ 92.08		\$ 245.55	\$.30
				•			
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	261	1,304 \$	119,203.24	\$ 91.41	.536	\$ 456.72	\$ 49.03
HOSP INPATIENT TOTAL	11	53	84,173.59	1588.18		7652.14	34.63
HSC HOSPITALS	1	11	18,150.00	1650.00		18150.00	7.47
NON-HSC HOSPITAL TOTAL	10	42	66,023.59	1571.99	.017	6602.36	27.16
ACCOMMODATIONS	10	42	30,289.72	721.18	.017	3028.97	12.46
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	10	42	30,289.72	721.18	.017	3028.97	12.46
ANCILLARIES	10	0	35,733.87	.00	.000	3573.39	14.70
	0	0				.00	
INPATIENT CROSSOVERS			.00	.00			.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	254	1,251	35,029.65	28.00	.515	137.91	14.41
MEDICAL	116	149	8,654.68	58.09		74.61	3.56
	26		1 057 05			75.30	
SURGERY		33	1,957.85	59.33			.81
PATHOLOGY	122	514	6,902.09	13.43		56.57	2.84
RADIOLOGY	77	94	3,913.46	41.63	.039	50.82	1.61
ROOM USE	144	184	6,513.68	35.40		45.23	2.68
CROSSOVERS/ALL OTH OUTPTNT		277	7,087.89	25.59		73.83	2.92
@COUNTY HOSPITAL TOTAL	1	1 \$	34.21	\$ 34.21	.000	\$ 34.21	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
	0						
NON-HSC HOSPITALS TOTAL	•	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	1	1	34.21	34.21		34.21	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
	0	_					
RADIOLOGY	U	0	.00	.00		.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 2,423
			MONIII OF FAIRENI KI	BFORT FOR UA	N 2005 IIIKO .	DEC 2003	
MOP024	FEE-FOR-SERVIC						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	INDIGENT - CHILDREI	N - TOTAL			
					M	ONTHLY AVERA	GE
2,431 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE CO	ST UNITS/DAY		COST PER
2,431 EDIGIBLES	OBERB		EXPENDITORES				
		OR DAYS OF CARE			AY PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260	1,303 \$	119,169.03	\$ 91.46	.536	\$ 458.34	\$ 49.02
COMM HOSP INPATIENT TOTAL	11	53	84,173.59	1588.18	.022	7652.14	34.63
HSC HOSPITALS	1	11	18,150.00	1650.00		18150.00	7.47
NON-HSC HOSPITALS TOTAL	10	42	66,023.59	1571.99		6602.36	27.16
ACCOMMODATIONS	10	42	30,289.72	721.18	.017	3028.97	12.46

ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000		.00		.00
	7									
ALL OTHER ACCOM	10	42	30,289.7		721.18	.017		3028.97		12.46
ANCILLARIES	10	0	35,733.8	7	.00	.000		3573.39		14.70
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.0		.00	.000		.00		.00
	-									
COMM HOSP OUTPATIENT TOTAL	253	1,250	34,995.4		28.00	.514		138.32		14.40
MEDICAL	116	149	8,654.6		58.09	.061		74.61		3.56
SURGERY	26	33	1,957.8	5	59.33	.014		75.30		.81
PATHOLOGY	122	514	6,902.0	9	13.43	.211		56.57		2.84
	77	94	3,913.4		41.63	.039		50.82		1.61
RADIOLOGY										
ROOM USE	143	183	6,479.4		35.41	.075		45.31		2.67
CROSSOVERS/ALL OTH OUTPTNT	96	277	7,087.8	9	25.59	.114		73.83		2.92
@STATE HOSPITAL	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.0		.00	.000	Ψ.	.00	Υ.	.00
	0									
DEVELOP. DISABLED	U	0	.0		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.0	0	.00	.000		.00		.00
LEV B-REHAB MD	0	0	. 0	n	.00	.000		.00		.00
	0	0	.0		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U									
LEV B-SUBACUTE HSPTL BASED	0	0	.0		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.0	0	.00	.000		.00		.00
LEV B-REGULAR	0	0	.0	0	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.0		.00	.000	Ġ	.00	\$.00
	0						Ą		Ą	
ICF DDH	Ü	0	.0		.00	.000		.00		.00
ICF DD	0	0	.0	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.0	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00		\$.00	Ġ	.00
	0	0	.0		.00	.000	Y	.00	Y	
HOSPITAL BASED	U									.00
HEMODIALYSIS CENTER	0	0	.0	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.0	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.0		.00	.000		.00		.00
	0									
@LABORATORY FACILITY	72	204 \$	•		17.52	.084	Ş	49.64	Ş	1.47
PATHOLOGY	72	204	3,574.1	3	17.52	.084		49.64		1.47
XO AND OTHERS	0	0	.0	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	532	778 \$			105.82	.320	Ġ		\$	33.87
CLINIC	2	5	300.3		60.06	.002	٧	150.15	٧	.12
SURGICENTER	0	0	.0		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	530	773	82,026.8	2	106.11	.318		154.77		33.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES			T FOR JAN	2003 THRII	DEC	2003	P	AGE 2,424
MOP024	FEE-FOR-SERVICE		110111111 01 111111111111	TCDI OIC	1 1010 0111	2003 111110	בב	. 2005	-	01/29/04
				D = 1.1	moma					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILD	REN -	TOTAL					
								HLY AVERA	GE.	
2,431 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AV	ERAGE COST	UNITS/DAY	ſS	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	78	804 \$	9,869.3		12.28	.331		126.53		4.06
	70	•			.00					
DURABLE MED. EQUIP.	^	0				.000		.00		.00
BLOOD BANK	0	0	.0							.00
	0	0	.0		.00	.000		.00		
HEARING AID DISPENSERS	-	0	.0	0	.00	.000		.00		
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0	0	.0	0	.00	.000		.00		.00
MEDICAL TRANSPORTATION	0 0 19	0 0 188	.0 .0 3,899.6	0 0 8	.00 .00 20.74	.000 .000 .077		.00 .00 205.25		.00 1.60
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 19 19	0 0 188 187	.0 .0 3,899.6 2,624.6	0 0 8 8	.00 .00 20.74 14.04	.000 .000 .077 .077		.00 .00 205.25 138.14		.00 1.60 1.08
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 0 19 19	0 0 188 187 0	.0 .0 3,899.6 2,624.6	0 0 8 8	.00 .00 20.74 14.04 .00	.000 .000 .077 .077		.00 .00 205.25 138.14 .00		.00 1.60 1.08 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 19 19	0 0 188 187	.0 .0 3,899.6 2,624.6	0 0 8 8	.00 .00 20.74 14.04	.000 .000 .077 .077		.00 .00 205.25 138.14		.00 1.60 1.08
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 19 19	0 0 188 187 0	.0 .0 3,899.6 2,624.6 .0 1,275.0	0 0 8 8 0 0	.00 .00 20.74 14.04 .00 1275.00	.000 .000 .077 .077 .000		.00 .00 205.25 138.14 .00 1275.00		.00 1.60 1.08 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 19 19 0 1	0 0 188 187 0 1	.0 .0 3,899.6 2,624.6 .0 1,275.0	0 0 8 8 0 0	.00 .00 20.74 14.04 .00 1275.00	.000 .000 .077 .077 .000 .000		.00 .00 205.25 138.14 .00 1275.00		.00 1.60 1.08 .00 .52
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 19 19 0 1 0	0 0 188 187 0 1 0	.0 .0 3,899.6 2,624.6 .0 1,275.0 .0	0 0 8 8 0 0 0	.00 .00 20.74 14.04 .00 1275.00 .00	.000 .000 .077 .077 .000 .000		.00 .00 205.25 138.14 .00 1275.00 .00		.00 1.60 1.08 .00 .52 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 19 19 0 1 0 0	0 0 188 187 0 1 0 0	.0 .0 3,899.6 2,624.6 .0 1,275.0 .0 630.0	0 0 8 8 8 0 0 0 0 0	.00 .00 20.74 14.04 .00 1275.00 .00 .00	.000 .000 .077 .077 .000 .000 .000		.00 .00 205.25 138.14 .00 1275.00 .00 .00		.00 1.60 1.08 .00 .52 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 0 19 19 0 1 0 0 6	0 0 188 187 0 1 0 0 6	.0 .0 3,899.6 2,624.6 .0 1,275.0 .0 630.0	0 0 8 8 0 0 0 0	.00 .00 20.74 14.04 .00 1275.00 .00 105.00	.000 .000 .077 .077 .000 .000 .000		.00 .00 205.25 138.14 .00 1275.00 .00 .00		.00 1.60 1.08 .00 .52 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 19 19 0 1 0 0	0 0 188 187 0 1 0 0	.0 .0 3,899.6 2,624.6 .0 1,275.0 .0 630.0	0 0 8 8 0 0 0 0	.00 .00 20.74 14.04 .00 1275.00 .00 .00	.000 .000 .077 .077 .000 .000 .000		.00 .00 205.25 138.14 .00 1275.00 .00 .00		.00 1.60 1.08 .00 .52 .00 .00

OPTICIAN	26	58	503.92	8.69	.024	19.38	.21
PHYSICAL THERAPIST	3	6	121.63	20.27	.002	40.54	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	90.06	45.03	.001	.00	.04
PROSTHETICS	0	2	90.06	45.03	.001	.00	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	288.97	48.16	.002	96.32	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	528	4,087.33	7.74	.217	185.79	1.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10	247.71	24.77	.004	247.71	.10
@CALIF. CHILDREN SERVICES*	22	117	\$ 24,453.17	\$ 209.00	.048	\$ 1111.51	\$ 10.06

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 2,425

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

DEE NORTE COONTI	BOMMANT OF BERV	ICES FOR	MIA IN	0 500	AID FAID FENDI	ING AID CODE	MONT	א מי <i>וו</i> וא א דעי	CF	
00 ELIGIBLES	USERS	UNITS OF	CEDVITCE		EXPENDITURES	AVERAGE COST		COST PER		ST PER
00 FILGIBLES	USERS				EXPENDITORES					IGIBLE
emomai ali provitero	0	OR DAIS	OF CARE	Ċ	0.0	PER UNIT/DAY		USER		
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		Ö		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		Ö		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
	0		0		.00					
PATHOLOGY	0		0			.00	.000	.00		.00
RADIOLOGY	0		-		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	•		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
	-		-							

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----- MONTHLY AVERAGE -----

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER EI	IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ô	0	.00	.00	.000	.00	.00
@PODIATRIST	Ů.	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	ñ	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
	0		.00		.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	\$.00 \$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 Ş					
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	ñ	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0			.000		
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MED	1-CAL SERVIC	ES AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	ZUU3 THRU DEC	2003 PAG	E 2,427

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY

DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDI	NG AID CODE	OT		7.0
00 ELIGIBLES	HCEDC	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTH		GOST PER
00 FFIGIRES	USERS		EAPENDITURES			OST PER USER	
ecomminately Hoopters mount	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG		ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL		0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Ô	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
DEVELOP. DISABLED	0				.000		
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT		DODT FOR TAN C			PAGE 2,428
MOP024	FEE-FOR-SERVICE		.H-OF-PAIMENI RE	PORT FOR UAIN 2	1003 IHRU DEC	2003	01/29/04
DEL NORTE COUNTY		ICES FOR MIA - NO SOC -	AID DAID DENDI	MC ATD CODE	0.1		01/29/04
DEL NORIE COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDI	NG AID CODE		IT 37 3 3 7 7 7 7 3 7 7	יסי
OO ELICIDIEC	HOEDO	INITE OF CERTICE	EADEMDimined	VILDVCE COCE	MONTH		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS C		COST PER
CALL OFFIED DROVEDEDS	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDARATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,429
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

SUMMARI OF SER	VICES FOR I	MTA - M	0 500 -	PREGNANI		AID CODE	00				
							MO	HTNC	LY AVERA	GE	
USERS	UNITS OF S	SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	S C	OST PER		COST PER
	OR DAYS (OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
7		60	\$	2,041.71	\$	34.03	10.000	\$	291.67	\$	340.29
1		1	\$	37.73	\$	37.73	.167	\$	37.73	\$	6.29
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
		USERS UNITS OF	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE	OR DAYS OF CARE 7	USERS UNITS OF SERVICE OR DAYS OF CARE 7 60 \$ 2,041.71 \$ 1 1 \$ 37.73 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DER UNIT/DAY 7 60 \$ 2,041.71 \$ 34.03 1 1 \$ 37.73 \$ 37.73 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 7	USERS	USERS

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	1	1	37.73	37.73	.167	37.73	6.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 2,430
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SOC	- PREGNANT	AID CODE 8	6		
				_	MONTH	ILY AVERAC	E

DEL NORTE COUNTY	SUMMARY OF SERVICES		MTA - NO) SOC -	PREGNANT		AID CODE	86				01/25/01
DEE NORTE COONT	BOTHLICE OF BEICVICES	7 1 010	11111 110	, 500	TILLOWINI		MID CODE	MC	тис	HIY AVERA	GE.	
06 ELIGIBLES	USERS UNI	TTS OF	SERVICE		EXPENDITURES	AVF	RAGE COST	UNITS/DAYS				COST PER
00 22101222			OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	. 22	0	\$.00	\$.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0		0	т	.00	Υ	.00	.000	Υ	.00	~	.00
EYE APPLIANCES	0		Ő		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		Ö		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ő	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		Ö	т	.00	Υ	.00	.000	Υ	.00	~	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		Ō	\$		\$.00	.000	Ġ	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	т	.00	-	.00	.000	т.	.00	т.	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	Ś	.00	.000	Ġ	.00	Ś	.00
NURSE ANESTHESIST	0		0 0 0 0	\$.00	Š	.00	.000		.00		.00
NURSE MIDWIFE	0		0	S	.00	Ė	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	Š	.00	Š	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	7		56	\$	1,689.48	Š	30.17	9.333		241.35		281.58
HOSP INPATIENT TOTAL	0		0		170.00	•	.00	.000	•	.00		28.33
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		170.00		.00	.000		.00		28.33
ACCOMMODATIONS	0		0		170.00		.00	.000		.00		28.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		170.00		.00	.000		.00		28.33
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7		56		1,519.48		27.13	9.333		217.07		253.25
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		21		256.29		12.20	3.500		128.15		42.72
RADIOLOGY	1		1		78.82		78.82	.167		78.82		13.14
ROOM USE	4		5		168.34		33.67	.833		42.09		28.06
CROSSOVERS/ALL OTH OUTPTNT	6		29		1,016.03		35.04	4.833		169.34		169.34
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 20	003 THRU DEC	2003	PAGE 2,431
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIA - NO S	SOC - PREGNANT	AID CODE 8	86		
				-	MONT	HLY AVERAG	E

	SUMMARI OF SERV		J 50C	TREGIVENT		AID CODE			יריינוא עדעי אריינואר עדעי	CE	
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVER	AGE COST	UNITS/DAY		HLY AVERA		COST PER
00 1110111111	OBERB	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	56	\$	1,689.48	\$	30.17	9.333		241.35		281.58
COMM HOSP INPATIENT TOTAL	Ó	0	۲	170.00	٧	.00	.000	٧	.00	٧	28.33
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		170.00		.00	.000		.00		28.33
ACCOMMODATIONS	0	0		170.00		.00	.000		.00		28.33
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		170.00		.00	.000		.00		28.33
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	0	-		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	/	56		1,519.48		27.13	9.333		217.07		253.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	21		256.29		12.20	3.500		128.15		42.72
RADIOLOGY	1	1		78.82		78.82	.167		78.82		13.14
ROOM USE	4	5		168.34		33.67	.833		42.09		28.06
CROSSOVERS/ALL OTH OUTPTNT	6	29		1,016.03		35.04	4.833		169.34		169.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	Ō		.00		.00	.000		.00		.00
@LABORATORY FACILITY	ĺ	ĺ	\$	28.00	\$	28.00	.167	\$	28.00	\$	4.67
PATHOLOGY	$\overline{1}$	$\overline{1}$	•	28.00		28.00	.167		28.00		4.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	181.50	\$	181.50	.167	Ś	181.50	Ś	30.25
CLINIC	0	0	~	.00	٧	.00	.000	~	.00	Υ.	.00
	U										
SURGICENTER	Ω	0		.00		.00	.000		.00		.00

RURAL HEALTH CLINIC 1 1 181.50 181.50 .167 181.50 30.25 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,432

01/29/04

MONITURE ALTERNACE

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MONT	THLY AVERAGI	3
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.167 \$	105.00	\$ 17.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.167	105.00	17.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	170.00	\$.00	.000 \$.00	\$ 28.33
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPAR	ATE INFORMATION ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,433 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

						MON	ITHLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEND	ITURES A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE]	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7	60 \$	2,	041.71	\$ 34.03	10.000 \$	291.67	\$ 340.29
@PHYSICIANS SERVICES	1	1 \$	}	37.73	\$ 37.73	.167 \$	37.73	\$ 6.29
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	1		37.73	37.73	.167	37.73		6.29
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	·	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF	-PAYMENT RE	PORT FOR JAN	1 2003 THRU	DEC 2003	PAG	E 2,434
MOP024	FEE-FOR-SERVICE/DENTA	L						(01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MIA - NO	SOC - TO	ΓAL					
							MONTHLY AVERA	GE	
OC DITCIPITO	TICEDO INTERO	OF CERTIFIED	T1371		ATTED AGE GOO	m marma /pas	TO GOOD DED	00/	TE DED

06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 .00 @CHIROPRACTOR \$ VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 .00 \$\$\$.00 .00 .000 \$.00 .00 NURSE ANESTHESIST NURSE MIDWIFE 0 0 .00 .00 .000 .00 .00 \$ 0 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$ 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 @TOTAL HOSPITAL 1,689.48 30.17 9.333 \$ 241.35 \$ 281.58

HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	28.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	170.00	.00	.000	.00	28.33
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	28.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	28.33
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	56	1,519.48	27.13	9.333	217.07	253.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	256.29	12.20	3.500	128.15	42.72
RADIOLOGY	1	1	78.82	78.82	.167	78.82	13.14
ROOM USE	4	5	168.34	33.67	.833	42.09	28.06

CROSSOVERS/ALL OTH OUTPINT	6	29		1,016.03		35.04	4.833		169.34		169.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 2,435
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

DEL NORTE COUNTY	SUMMARI OF SERV	ICES FOR I	AITH - IN	0 300 -	TOTAL			M		ערייי איזיי	C F	
06 ELIGIBLES	USERS	UNITS OF S	CEDITAE		EXPENDITURES	7/ 7 7 777		UNITS/DAY		ndi Avera COST PER		COST PER
00 FFIGIRES	USEKS				EVERNOTIONES							
ACOMMINITE HOLDIENI TOTAL	7	OR DAYS (1 600 40	PER \$	UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	,		56	\$	1,689.48	Ş	30.17	9.333	Þ	241.35	Ş	281.58 28.33
COMM HOSP INPATIENT TOTAL	0		0		170.00			.000		.00		
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		170.00		.00	.000		.00		28.33
ACCOMMODATIONS	0		0		170.00		.00	.000		.00		28.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		170.00		.00	.000		.00		28.33
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	U		- U		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	/		56 0		1,519.48		27.13	9.333		217.07		253.25
MEDICAL	0		•		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		21		256.29		12.20	3.500		128.15		42.72
RADIOLOGY	1		Ţ.		78.82		78.82	.167		78.82		13.14
ROOM USE	4		5		168.34		33.67	.833		42.09		28.06
CROSSOVERS/ALL OTH OUTPTNT	6		29		1,016.03		35.04	4.833		169.34		169.34
@STATE HOSPITAL	0		0	Ş	.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	Ş	.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00	
@LABORATORY FACILITY	1	1 \$	28.00	\$	28.00	.167	\$ 28.00	\$	4.67	
PATHOLOGY	1	1	28.00		28.00	.167	28.00		4.67	
XO AND OTHERS	0	0	.00		.00	.000	.00		.00	
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	181.50	\$	181.50	.167	\$ 181.50	\$	30.25	
CLINIC	0	0	.00		.00	.000	.00		.00	
SURGICENTER	0	0	.00		.00	.000	.00		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00	
RURAL HEALTH CLINIC	1	1	181.50		181.50	.167	181.50		30.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC 2003	P	AGE 2,436	
MOP024	FEE-FOR-SERVICE/DENT	ΓAL							01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIA - NO	SOC - TOTAL							
						M	ONTHLY AVERA	GE ·		
06 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S COST PER	(COST PER	
	OR	DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE	
@ALL OTHER PROVIDERS	1	1 \$	105.00	Ś	105.00	. 167	\$ 105.00	Ś	17.50	

06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.167 \$	105.00	\$ 17.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.167	105.00	17.50
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 170.00	\$.00	.000 \$		
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCUOSED .	IN THE AFFROMITATE DETAIL DINES ADOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 20	03 PAGE 2,437
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							MC	TNC	CHLY AVERA	ιGΕ	
26 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24	582	\$	46,914.59	\$	80.61	22.385	\$	1954.77	\$	1804.41
@PHYSICIANS SERVICES	12	35	\$	1,534.28	\$	43.84	1.346	\$	127.86	\$	59.01
OUTPATIENT VISITS	2	3		101.60		33.87	.115		50.80		3.91
OFFICE VISITS	2	3		101.60		33.87	.115		50.80		3.91

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	8	220.00	27.50	.308	31.43	8.46
HOSPITAL VISITS	,	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	U	0					
SNF/ICF/TRANS IP CARE	/	8	220.00	27.50	.308	31.43	8.46
OPHTHALMOLOGICAL SERVICES	Ţ	1	46.44	46.44	.038	46.44	1.79
EXAMINATIONS	1	1	46.44	46.44	.038	46.44	1.79
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	10	758.26	75.83	.385	151.65	29.16
PRINCIPAL SURGEON	5	10	758.26	75.83	.385	151.65	29.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0					.00
DIALYSIS	0	Ü	.00	.00	.000	.00	
PATHOLOGY	3	5	284.82	56.96	.192	94.94	10.95
RADIOLOGY	Ţ	1	59.05	59.05	.038	59.05	2.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7	64.11	9.16	.269	21.37	2.47
@PHARMACY	19	133 \$	8,500.59	\$ 63.91	5.115	\$ 447.40	\$ 326.95
PRESCRIPTION DRUGS	19	133	8,500.59	63.91	5.115	447.40	326.95
SNF/ICF	16	117	8,080.83	69.07	4.500	505.05	310.80
OUTPATIENTS	4	16	419.76	26.24	.615	104.94	16.14
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 s		\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
DRUGS	0	0		.00	.000	.00	
ANESTHESIA	U	U	.00		.000		.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 2,438
MOP024	FEE-FOR-SERVICE		11011111 01 11111111111	0111 1 011 0111	2005 111110 2	20 2000	01/29/04
DEL NORTE COUNTY		ICES FOR MIA - SOC	' - LTC	AID CODE	: 53		01/20/01
DEE NORTH COOKIT	Solimine Of Shiev	1010 1010 11111 5000		TILD CODE		NTHLY AVERA	CF
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_		COST PER
ZO ETIGIDIES	CALCU	OR DAYS OF CARE	EVEFINDIIOKED	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0		.00		.000		\$.00
@OLIOMFIKT91	U	0 \$.00	\$.00	.000	٠٠٠ ب	ې .UU

DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 0 0 0 0 0 0 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR 0 \$.00 VISITS 0 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 \$.00 \$.00 .000 \$.00 \$.00

	_		_								
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	\$.00	.000		Ś	.00
NURSE ANESTHESIST	1		5	Ġ	73.94	\$	14.79	.192			2.84
	1		2	ې خ							
NURSE MIDWIFE	U		U	Ş	.00	\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	Ü		0	Ş	.00	\$.00	.000			.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	14		55	\$	1,116.83	\$	20.31	2.115	\$ 79.77	\$	42.96
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		Ô		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
	0		0								
ADMINISTRATIVE DAYS	U		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	14		55		1,116.83		20.31	2.115	79.77		42.96
MEDICAL	1		1		86.56		86.56	.038	86.56		3.33
SURGERY	1		1		13.92		13.92	.038	13.92		.54
	_		_								
PATHOLOGY	14		40		410.86		10.27	1.538	29.35		15.80
RADIOLOGY	2		2		214.55		107.28	.077	107.28		8.25
ROOM USE	2		4		257.68		64.42	.154	128.84		9.91
CROSSOVERS/ALL OTH OUTPTNT	2		7		133.26		19.04	.269	66.63		5.13
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	•	.00	.000	.00	-	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		
ADMINISTRATIVE DAYS	0		0								.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		Ô		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0								
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT			0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITU:	RES	MONTH-OF-PAYMENT R	EPOR7	FOR JAN 2	2003 THRU DI	EC 2003]	PAGE 2,439
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	MIA -	SOC	- LTC		AID CODE	53			
								MOI	NTHLY AVER	AGE	
26 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS			32.—2			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14		55	\$	1,116.83			2.115			
COMM HOSP INPATIENT TOTAL	0		0	~	.00	~	.00	.000	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00		.00		.00

HSC HOSPITALS .00 0 0 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 0 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 0 0 .00 .000 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	55	1,116.83	20.31	2.115	79.77	42.96
MEDICAL	1	1	86.56	86.56	.038	86.56	3.33
SURGERY	1	1	13.92	13.92	.038	13.92	.54
PATHOLOGY	14	40	410.86	10.27	1.538	29.35	15.80
RADIOLOGY	2	2	214.55	107.28	.077	107.28	8.25
ROOM USE	2	4	257.68	64.42	.154	128.84	9.91
CROSSOVERS/ALL OTH OUTPTNT	2	7	133.26	19.04	.269	66.63	5.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	340	\$ 34,833.12	\$ 102.45	13.077	\$ 2679.47	\$ 1339.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	13	340	34,833.12		102.45	13.077		2679.47		1339.74
@INTERMEDIATE CARE FACILDD	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 8	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$ 550.42	\$	110.08	.192	\$	183.47	\$	21.17
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5	550.42		110.08	.192		183.47		21.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	$\mathbf{P}I$	AGE 2,440
MOP024	FEE-FOR-SERVICE/DENTA	ΔT.								01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

----- MONTHLY AVERAGE -----

AVERAGE COST UNITS/DAYS COST PER 26 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9 33.93 101.80 \$ 11.75 @ALL OTHER PROVIDERS 3 305.41 .346 \$ DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 MEDICAL TRANSPORTATION 279.33 39.90 .269 93.11 10.74 279.33 39.90 93.11 AMBULANCES/AIR TRANS .269 10.74 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 26.08 13.04 .077 26.08 1.00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 .00 .00 \$ \$.00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,441 #CALIF DEPT OF HEALTH SERV MEDICAL SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

01/29/04

----- MONTHLY AVERAGE -----

01 ELIGIBLES USERS UNI
OR
TAL, ALL PROVIDERS 1
YSICIANS SERVICES 0
UTPATIENT VISITS 0
OFFICE VISITS 0
HOME VISITS 0
EMERGENCY ROOM 0
PREVENTIVE CARE 0
OB VISITS/COMPRE PERI 0
OTHER OUTPATIENT 0
NPATIENT VISITS 0 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS INPATIENT VISITS NEALLENI VISITS HOSPITAL VISITS CRITICAL CARE CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS INPATIENT HOSPITAL SURGERY 0
PRINCIPAL SURGEON 0
ASSISTANT SURGEON ASSISTANT SURGEON 0
ANESTHESIOLOGIST 0
DUTPATIENT SURGERY 0
PRINCIPAL SURGEON 0
ASSISTANT SURGEON 0
ANESTHESIOLOGIST 0
DIALYSIS 0
PATHOLOGY 0
RADIOLOGY 0
PSYCHIATRY 0 OUTPATIENT SURGERY 0 0 0 0 1 1 DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS

0 @PHARMACY 4.42 .00 .00 .000 .00 4.42 .00 .00 . 00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,442 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 ----- MONTHLY AVERAGE -----

01 ELIGIBLES		S OF SERVICE		VERAGE COST UNI		COST PER	COST	
@ODTOMETD I CT	0	DAYS OF CARE			R ELIG	USER	ELIG	
@OPTOMETRIST		0 \$.00 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00 \$.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00 \$.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00 \$.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00 \$.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00 \$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPO	ORT FOR JAN 2003	THRU DEC	2003	PAGE	2,443
MOP024	FEE-FOR-SERVICE/DENT	AL					01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC - P	REGNANT	AID CODE 87				
					MONTH	TT 32 A SZEDA C	717	

		OR DAIS OF CARE				PER	UNII/DAI	PEK ELIC	7	USER	r	ГТСТВГЕ
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ô			.00		.00	.000		.00		.00
	0	0										
ACCOMMODATIONS	U	U			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ô			.00		.00	.000		.00		.00
	0	0										
ALL OTHER INPATIENT	U	U			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
	0	0										
ROOM USE	U	U			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Y		.00	Y	.00	.000	Y	.00	Y	.00
	0	•										
LEV B-REHAB MD	Ü	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	•	Ą			Ą			Ą		Ą	
ICF DDH	U	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0		Ą			Ą			Ą		Ą	
HOSPITAL BASED	U	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0	Y		.00	Y	.00	.000	Y	.00	Y	.00
	0	0										
SURGICENTER	U	U			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMEI	NT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 2,444
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
DEL NORTE COUNTY		ICES FOR MIA - SO	<u> </u>	- PREGNANT			AID CODE	87				
DEE NORTH COONTI	Bornanci of Blicv	TODO TOR MIN DO	00	IREGIVENT			TIED CODE		//ONTT	HLY AVERA	그r _	
01 BLIGIDIES	HGEDG	INTEG OF GEDUTCE		EXPENDICI	סחמ	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7						
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITU	KES		RAGE COST					OST PER
		OR DAYS OF CARE					UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	Ô	0			.00		.00	.000		.00		.00
	0	0										
MEDICAL TRANSPORTATION	•				.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,445 MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL 01/29/04

						M	TNOI	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	ŀ	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	25	583	\$	46,919.01	\$ 80.48	21.593	\$	1876.76	\$	1737.74
@PHYSICIANS SERVICES	12	35	\$	1,534.28	\$ 43.84	1.296		127.86	\$	56.83
OUTPATIENT VISITS	2	3	•	101.60	33.87	.111		50.80		3.76
OFFICE VISITS	2	3		101.60	33.87	.111		50.80		3.76
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	7	8		220.00	27.50	.296		31.43		8.15
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	7	8		220.00	27.50	.296		31.43		8.15
OPHTHALMOLOGICAL SERVICES	i	1		46.44	46.44	.037		46.44		1.72
EXAMINATIONS	1	1		46.44	46.44	.037		46.44		1.72
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	5	10		758.26	75.83	.370		151.65		28.08
PRINCIPAL SURGEON	5	10		758.26	75.83	.370		151.65		28.08
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	3			284.82	56.96	.185		94.94		10.55
RADIOLOGY	1	5 1		59.05	59.05	.037		59.05		2.19
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	7		64.11	9.16	.259		21.37		2.37
@PHARMACY	20	134	\$	8,505.01	\$ 63.47	4.963	Ċ	425.25	\$	315.00
PRESCRIPTION DRUGS	20	134	Ų	8,505.01	63.47	4.963	Ÿ	425.25	Ÿ	315.00
SNF/ICF	16	117		8,080.83	69.07	4.333		505.05		299.29
OUTPATIENTS	5	17		424.18	24.95	.630		84.84		15.71
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	بے	.00	ė.	.00
VISITS - DIAGNOSTIC	0	0	Ą	.00	.00	.000	Ą	.00	Ą	.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
	0	0								
ANESTHESIA	U	0		.00	.00	.000		.00		.00
PERIODONTICS	0	<u> </u>		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	U	Ü		.00	.00	.000		.00		.00

DENTURES, STAYPLATES	Λ	n	.00	.00	.000	.00	.00
	0	-					
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,446
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----27 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EYE APPLIANCES OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .000 \$.00 .00 .00 .000 .00 .00 .00 . 00 VISITS OTHER SERVICES .00 .00 .000 .00 .00 .000 @PODIATRIST .00 .00 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .000 . 00 RADIO./PATHOLOGY .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST 73.94 \$ 14.79 .185 73.94 \$ 2.74 .000 NURSE MIDWIFE .00 \$.00 .00 Ś .00 0 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 14 1,116.83 20.31 2.037 79.77 41.36 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 0 .00 .000 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL 14 55 1,116.83 20.31 2.037 79.77 41.36 MEDICAL 1 86.56 86.56 .037 86.56 3.21 SURGERY 1 13.92 13.92 .037 13.92 .52 40 410.86 10.27 1.481 29.35 15.22 PATHOLOGY 14 RADIOLOGY 214.55 107.28 .074 107.28 7.95 257.68 64.42 .148 128.84 9.54 ROOM USE 133.26 19.04 .259 66.63 4.94 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 ANCILLARIES .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .000 . 00 CO HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,447
MOD024	FEE-FOR-SERVICE / DENTA	т.					01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----27 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 55 1,116.83 20.31 2.037 79.77 \$ 41.36 14 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .000 .00 .00 . 00 TRANSITIONAL IP CARE . 00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT 0 .000 .00 1,116.83 COMM HOSP OUTPATIENT TOTAL 14 55 20.31 2.037 79.77 41.36 MEDICAL 86.56 86.56 .037 86.56 3.21 SURGERY 1 13.92 13.92 .037 13.92 .52 1 29.35 PATHOLOGY 14 40 410.86 10.27 1.481 15.22 214.55 107.28 .074 107.28 7.95 RADIOLOGY 257.68 64.42 .148 128.84 9.54 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 133.26 19.04 .259 66.63 4.94 0 .00 \$.00 .000 .00 .00 @STATE HOSPITAL \$ MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 34,833.12 12.593 2679.47 @NURSING FACILITY 102.45 .00 .00 .000 .00 LEV A-INTERMEDIATE .00 LEV B-REHAB MD .00 .00 .000 .00 .00 0 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 13 340 34,833.12 102.45 12.593 2679.47 1290.12 .000 @INTERMEDIATE CARE FACIL.-DD 0 .00 .00 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 .00 .00 HOSPITAL BASED .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER .00 .00 .00 @REHABILITATION FACILITY .000 HOSPITAL BASED .00 .00 .000 .00 .00 .00 INDEPENDENT FACILITY 0 .00 .000 .00 .00 @LABORATORY FACILITY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 XO AND OTHERS .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 550.42 110.08 183.47 .185 20.39 CLINIC .00 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 .00 .00 .000 HEROIN DETOX CLINIC .00 .00 .00 RURAL HEALTH CLINIC 3 550.42 .185 183.47 20.39 110.08 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,448 #CALIF DEPT OF HEALTH SERV 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	2	OR DAYS OF CARE	_	205 41	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	9 \$	Ş	305.41	\$ 33.93	.333 \$		\$ 11.31
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7		279.33	39.90	.259	93.11	10.35
AMBULANCES/AIR TRANS	3	7		279.33	39.90	.259	93.11	10.35
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,449
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

222 1101112 0001111	DOIMERT OF DELL						
					MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 2,450
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE US	E				
					N/ONTITITITI	T 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

						M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DE	C 2003	PAGE 2,451
MOP024	FEE-FOR-SERVICE/DENT	AL:					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE US	E				
						THLY AVERAG	
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER

00 51 56 55 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	٧	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	ų	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0		.00		.00	.000	. (0	.00
XO AND OTHERS	0	0		.00		.00	.000	. (0	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
CLINIC	0	0		.00		.00	.000	. (0	.00
SURGICENTER	0	0		.00		.00	.000	. (0	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	. (0	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	. (0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2003	PA	AGE 2,452
MOP024	FEE-FOR-SERVICE/DEN	TAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	JRE USE							
							M	MONTHLY AVE	RAGE -	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS (COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0 5	.00	.00	.000 \$.00 \$.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,453 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MOI	NTHLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32	643	\$	48,960.72	\$ 76.14	19.485	\$ 1530.02	\$ 1483.66
@PHYSICIANS SERVICES	13	36	\$	1,572.01	\$ 43.67	1.091	\$ 120.92	\$ 47.64
OUTPATIENT VISITS	2	3		101.60	33.87	.091	50.80	3.08
OFFICE VISITS	2	3		101.60	33.87	.091	50.80	3.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	8		220.00	27	7.50	.242		31.43		6.67
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	Ô		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	7	8		220.00	25	7.50	.242		31.43		6.67
	1	0									
OPHTHALMOLOGICAL SERVICES	1	1		46.44		5.44	.030		46.44		1.41
EXAMINATIONS	1	1		46.44	46	5.44	.030		46.44		1.41
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	Š	10		758.26	7 5	5.83	.303		151.65		22.98
PRINCIPAL SURGEON	5	10		758.26		5.83	.303		151.65		22.98
	0	0			/ -						
ASSISTANT SURGEON	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ü	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		284.82	56	5.96	.152		94.94		8.63
RADIOLOGY	2	2		96.78	48	3.39	.061		48.39		2.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	7		64.11	C	9.16	.212		21.37		1.94
@PHARMACY	20	134 \$		8,505.01		3.47	4.061	Ś		\$	257.73
PRESCRIPTION DRUGS	20	134	•	8,505.01	•	3.47	4.061	Ÿ	425.25	Ÿ	257.73
SNF/ICF	16	117		8,080.83		9.07	3.545		505.05		244.87
OUTPATIENTS	5	17		424.18	24	1.95	.515		84.84		12.85
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	Ô		.00		.00	.000		.00		.00
PERIODONTICS	0	Õ		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0									
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF		ים∩פיד דּ∩וּ			DEC		DΔ(GE 2,454
MOP024	FEE-FOR-SERVICE/		MONTH OF	FAIRENI KE	ar ORT FOR	COAN	2005 11110	טטכ	2003	IAC	01/29/04
			TNDTGENE	A DITT III C	шоша т						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	TNDTGENT	- ADULIS -	- IOIAL			A CATE		CT.	
22						. ~~~-			HLY AVERA		
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXP.	ENDITURES			UNITS/DA		COST PER		OST PER
		OR DAYS OF CARE			PER UNI		PER ELI		USER		LIGIBLE
@OPTOMETRIST	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$!	.00	Ġ	.00	.000	\$.00	Ś	.00
VISITS	0	0 4	•	.00	٧	.00	.000	Y	.00	٧	.00
	0	0									
OTHER SERVICES	U	•	i	.00	ė.	.00	.000		.00	Å	.00
@PODIATRIST	Ü	0 \$	i	.00	Ş	.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.									0.0		0.0
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0 0	0 0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY OTHER	0 0 0	•									

@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	5	\$ 73.94	\$ 14.79	.152	\$ 73.94	\$ 2.24
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	111	\$ 2,806.31	\$ 25.28	3.364	\$ 133.63	\$ 85.04
HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	5.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	170.00	.00	.000	.00	5.15
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	5.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	5.15
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	21	111	2,636.31	23.75	3.364	125.54	79.89			
MEDICAL	1	1	86.56			86.56	2.62			
SURGERY	1	1	13.92	13.92	.030	13.92	.42			
PATHOLOGY	16	61	667.15	10.94	1.848	41.70	20.22			
RADIOLOGY	3	3	293.37	97.79	.091	97.79	8.89			
ROOM USE	6	9	426.02	47.34	1 .273	71.00	12.91			
CROSSOVERS/ALL OTH OUTPTNT	8	36	1,149.29	31.92	1.091	143.66	34.83			
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000	\$.00	\$.00			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00			
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00			
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00			
ANCILLARIES	0	0	.00	.00	.000	.00	.00			
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00			
MEDICAL	0	0	.00	.00	.000	.00	.00			
SURGERY	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00			
RADIOLOGY	0	0	.00	.00	.000	.00	.00			
ROOM USE	0	0	.00	.00	.000	.00	.00			
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00			
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JA	AN 2003 THRU	DEC 2003	PAGE 2,455			
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04			
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R MEDICALLY	INDIGENT - ADULTS	- TOTAL						
MONTHLY AVERAGE										

33 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	2/1/1	PACE COST	UNITS/DAY	Q Q	COST PER		COST PER
33 HIIGIBIES	ОБЫКБ	OR DAYS OF CAR		HAT HIDT TOKED		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	111	ė.	2,806.31		25.28	3.364		133.63		-
COMM HOSP INPATIENT TOTAL	0	111	Y	170.00	Y	.00	.000	Ÿ	.00	Y	5.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		170.00		.00	.000		.00		5.15
ACCOMMODATIONS	0	0		170.00		.00	.000		.00		5.15
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00					.00		
	0	0				.00	.000				.00
ALL OTHER ACCOM	0	0		170.00		.00	.000		.00		5.15
ANCILLARIES	0	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	111		2,636.31		23.75	3.364		125.54		79.89
MEDICAL	1	1		86.56		86.56	.030		86.56		2.62
SURGERY	1	1		13.92		13.92	.030		13.92		.42
PATHOLOGY	16	61		667.15		10.94	1.848		41.70		20.22
RADIOLOGY	3	3		293.37		97.79	.091		97.79		8.89
ROOM USE	6	9		426.02		47.34	.273		71.00		12.91
CROSSOVERS/ALL OTH OUTPINT	8	36		1,149.29		31.92	1.091		143.66		34.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	340	\$	34,833.12	\$	102.45	10.303	\$	2679.47	\$	1055.55
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	-	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00			.00		
LEV B-SUBACUTE FREESTANDING	0	0									
	0	0									
	0	0									
	13	340									
	10	0.540	¢		Ċ			Ċ		¢	
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	16 3 6 8 0 0 0 13 0 0 0 0	61 3 9 36 0 0 0 340 0 0 0 0 340	\$ \$	667.15 293.37 426.02 1,149.29 .00 .00 .00 34,833.12	\$P \$P\$	10.94 97.79 47.34 31.92 .00 .00 .00 .00	1.848 .091 .273 1.091 .000 .000	\$	41.70 97.79 71.00 143.66 .00 .00 .00 2679.47	\$	20.22 8.89 12.91 34.83 .00 .00

ICF DDH	0	0	.00)	.00	.000	.00		.00
ICF DD	0	0	.00)	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	1	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	1	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	1	.00	.000	.00		.00
@LABORATORY FACILITY	1	1 \$	28.00		28.00	.030	•	\$.85
PATHOLOGY	1	1	28.00	1	28.00	.030	28.00		.85
XO AND OTHERS	0	0	.00	1	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	6 \$	731.92	\$	121.99	.182	\$ 182.98	\$	22.18
CLINIC	0	0	.00	1	.00	.000	.00		.00
SURGICENTER	0	0	.00	1	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4	6	731.92		121.99	.182	182.98		22.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	r for Jan	2003 THRU D	EC 2003	P.	AGE 2,456
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	' INDIGENT - ADULTS	- TOI	ΓAL				

DED NORTE COUNTI	DOMMAKI OF DEKAI	CES FOR MEDICALLI	INDIGENI	- ADUDIS	IOIAL			
						MON		-
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	10 \$		410.41	\$ 41.04	.303 \$	102.60	\$ 12.44
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7		279.33	39.90	.212	93.11	8.46
AMBULANCES/AIR TRANS	3	7		279.33	39.90	.212	93.11	8.46
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.030	105.00	3.18
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.061	26.08	.79
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$		170.00	\$.00	.000 \$.00	\$ 5.15
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDARA	TE INFORMATION ITE	M ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,457 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

5,519 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,442	72,771 \$	3,138,880.02	\$ 43.13	13.186 \$	706.64	\$ 568.74
@PHYSICIANS SERVICES	718	2,301 \$		\$ 16.01	.417 \$		\$ 6.67
OUTPATIENT VISITS	20	25	980.70	39.23	.005	49.04	.18
OFFICE VISITS	19	24	936.10	39.00	.004	49.27	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	ĺ	1	44.60	44.60	.000	44.60	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	604.71	75.59	.001	201.57	.11
	ა ი	0	239.91	47.98	.001	79.97	.04
HOSPITAL VISITS			364.80	121.60	.001	364.80	.07
CRITICAL CARE	1	0					
SNF/ICF/TRANS IP CARE	0	1	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.000	81.73	.01
EXAMINATIONS	1	1	81.73	81.73	.000	81.73	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.000	82.65	.01
PRINCIPAL SURGEON	1	1	82.65	82.65	.000	82.65	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.000	295.23	.05
PRINCIPAL SURGEON	1	1	295.23	295.23	.000	295.23	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.01
RADIOLOGY	5	6	133.54	22.26	.001	26.71	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	701	2,258	34,603.14	15.32	.409	49.36	6.27
@PHARMACY	3,777	37,467 \$		\$ 31.53	6.789 \$		
PRESCRIPTION DRUGS	3,734	15,730	1,157,434.57	73.58	2.850	309.97	209.72
SNF/ICF	554	3,139	160,495.60	51.13	.569	289.70	29.08
OUTPATIENTS	3,187	12,591	996,938.97	79.18	2.281	312.81	180.64
MEDICAL SUPPLIES	262	21,737	24,079.67	1.11	3.939	91.91	4.36
@DENTIST	77	242 \$		\$ 84.88	.044 \$		
VISITS - DIAGNOSTIC	40	106	1,288.00	12.15	.019	32.20	.23
ORAL SURGERY	13	71	3,645.00	51.34	.013	280.38	.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.01
ENDODONTICS	3	3	215.00	71.67	.001	71.67	.04
RESTORATIVE DENTISTRY	5	10	690.00	69.00	.002	138.00	.13
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.01
DENTURES, STAYPLATES	25	47	14,618.00	311.02	.009	584.72	2.65
·	0	0	•	.00	.009	.00	.00
SPACE MAINTAINERS	0	0	.00				
MAXILLOFACIAL SERVICES	•	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MON'I'H-OF'-PAYMEN'I' F	REPORT FOR JAN	2003 THRU DE	IC 2003	PAGE 2,458
MOP024	FEE-FOR-SERVICE						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED					
							GE
5,519 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	83	195 \$		\$ 20.81	.035 \$		
DIAGNOSTIC AND ANC. PROCED	17	15	711.75	47.45	.003	41.87	.13

EYE APPLIANCES	64	174		2,971.49		17.08	.032		46.43		.54
OTHER OPTOMETRIC SERVICES	10	6		375.60		62.60	.001		37.56		.07
@CHIROPRACTOR	6	11	\$	106.61	\$	9.69	.002	\$	17.77	\$.02
VISITS	2	3		50.16		16.72	.001		25.08		.01
OTHER SERVICES	4	8		56.45		7.06	.001		14.11		.01
@PODIATRIST	105	153	\$	1,874.27	\$	12.25	.028	\$	17.85	\$.34
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	•	.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	105	153		1,874.27		12.25	.028		17.85		.34
@HOME HEALTH AGENCY	2	14	\$	1,003.31	\$	71.67	.003	\$	501.66	\$.18
NURSE ANESTHESIST	2	4	\$	44.93	\$	11.23	.001		22.47	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	595	1,912	\$	150,179.88		78.55	.346	\$	252.40		27.21
HOSP INPATIENT TOTAL	113	416	•	125,600.79	•	301.92	.075		1111.51		22.76
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	10		36,382.35		3638.24	.002		18191.18		6.59
ACCOMMODATIONS	2	10		10,381.80		1038.18	.002		5190.90		1.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		10,381.80		1038.18	.002		5190.90		1.88
ANCILLARIES	2	0		26,000.55		.00	.000		13000.28		4.71
INPATIENT CROSSOVERS	111	406		89,218.44		219.75	.074		803.77		16.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	565	1,496		24,579.09		16.43	.271		43.50		4.45
MEDICAL	4	. 6		944.06		157.34	.001		236.02		.17
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	5		74.56		14.91	.001		18.64		.01
RADIOLOGY	7	7		183.03		26.15	.001		26.15		.03
ROOM USE	4	6		324.01		54.00	.001		81.00		.06
CROSSOVERS/ALL OTH OUTPTNT	557	1,472		23,053.43		15.66	.267		41.39		4.18
@COUNTY HOSPITAL TOTAL	4	6	\$	889.26	\$	148.21	.001	\$	222.32	\$.16
CO HOSPITAL INPATIENT TOTAL	1	3		840.00		280.00	.001		840.00		.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		840.00		280.00	.001		840.00		.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	3		49.26		16.42	.001		16.42		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		3		49.26		16.42	.001		16.42		.01
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU 1	DEC	2003	P	AGE 2,459
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL AG	ED							~-	
F F10			_						CHLY AVERA	GE.	
5,519 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
ACOMMINITES HOCKERS FORM	F 0 1	OR DAYS OF CAR		140 200 60		R UNIT/DAY			USER	۸,	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	591 112	1,906	\$	149,290.62	\$	78.33	.345	Þ	252.61	Þ	27.05
COMM HOSP INPATIENT TOTAL	112 0	413 0		124,760.79 .00		302.08	.075		1113.94		22.61
HSC HOSPITALS	U	U		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	2	10	36,382.35		3638.24	.002	1	8191.18	6.59
ACCOMMODATIONS	2	10	10,381.80	-	1038.18	.002		5190.90	1.88
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	2	10	10,381.80	-	1038.18	.002		5190.90	1.88
ANCILLARIES	2	0	26,000.55		.00	.000	1	3000.28	4.71
INPATIENT CROSSOVERS	110	403	88,378.44		219.30	.073		803.44	16.01
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	562	1,493	24,529.83		16.43	.271		43.65	4.44
MEDICAL	4	6	944.06		157.34	.001		236.02	.17
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	4	5	74.56		14.91	.001		18.64	.01
RADIOLOGY	7	7	183.03		26.15	.001		26.15	.03
ROOM USE	4	6	324.01		54.00	.001		81.00	.06
CROSSOVERS/ALL OTH OUTPINT	554	1,469	23,004.17		15.66	.266		41.52	4.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	533	15,183	\$	1,609,074.31	\$	105.98	2.751	\$	3018.90	\$	291.55
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	533	15,183		1,609,074.31		105.98	2.751		3018.90		291.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$	389.79	.000	\$	779.57	\$.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2		779.57		389.79	.000		779.57		.14
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	54	\$	601.52	\$	11.14	.010	\$	20.74	\$.11
PATHOLOGY	25	50		579.01		11.58	.009		23.16		.10
XO AND OTHERS	4	4		22.51		5.63	.001		5.63		.00
@ORGANIZED OUTPATIENT CLINIC	838	1,421	\$	70,279.03	\$	49.46	.257	\$	83.87	\$	12.73
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	838	1,421		70,279.03		49.46	.257		83.87		12.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES M	ONTH-OF-PAYMENT RI	EPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,460
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR ALL A	GED								
							M	ONT	HLY AVERA	GE -	

5,519 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	805	13,812 \$	•	\$ 4.49	2.503		•
DURABLE MED. EQUIP.	46	180	18,206.04	101.14	.033	395.78	3.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	785.16	392.58	.000	392.58	.14
MEDICAL TRANSPORTATION	71	1,569	4,673.51	2.98	.284	65.82	.85
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	51	1,292	3,326.04	2.57	.234	65.22	.60
OTHER SERVICES	20	277	1,347.47	4.86	.050	67.37	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	125	278	3,836.69	13.80	.050	30.69	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	81.14	27.05	.001	40.57	.01
PROSTHETICS	2	3	81.14	27.05	.001	40.57	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	22	5,257.24	238.97	.004	292.07	.95
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

11,758 ALL OTHER PROVIDERS 587 29,152.83 2.48 2.130 49.66 5.28 @CALIF. CHILDREN SERVICES* 0 0 .00 \$.000 \$.00 \$.00 .00 10,921 \$ @XOVER EXCLUDING STATE HOSP** 1,642 230,820.19 \$ 21.14 1.979 \$ 140.57 \$ 41.82

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,461 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

DEL NORIE COUNTY	SUMMARY OF SERV	TCES FOR ALL BLIND			1401	IDIII II AIIDA	C.F.
406 BL TGTDI BG	Hanna	IDITED OF SERVICE		ATTERNACE COCE		THLY AVERA	
406 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
omomil all provinces	2.40	OR DAYS OF CARE	204 050 01	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	340	14,397 \$	304,278.01	\$ 21.13	35.461		\$ 749.45
@PHYSICIANS SERVICES	82	162 \$	9,392.88	\$ 57.98	.399		
OUTPATIENT VISITS	26	35	1,463.03	41.80	.086	56.27	3.60
OFFICE VISITS	23	29	1,084.45	37.39	.071	47.15	2.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	378.58	63.10	.015	94.65	.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	249.33	49.87	.012	49.87	.61
EXAMINATIONS	5	5	249.33	49.87	.012	49.87	.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	340.65	113.55	.007	113.55	.84
PRINCIPAL SURGEON	3	3	340.65	113.55	.007	113.55	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	90.65	45.33	.005	45.33	.22
RADIOLOGY	14	16	431.68	26.98	.039	30.83	1.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	24	5,635.56	234.82	.059	1408.89	13.88
OTHER SERVICES/ALL X-OVERS	49	77	1,181.98	15.35	.190	24.12	2.91
	291	11,680 \$			28.768		
@PHARMACY	284	, '	97,782.42	\$ 8.37 70.62	3.069	336.02	\$ 240.84 216.74
PRESCRIPTION DRUGS		1,246	87,995.11				
SNF/ICF	35	292 954	14,186.90	48.59	.719	405.34	34.94
OUTPATIENTS	251 67		73,808.21	77.37	2.350	294.06	181.79
MEDICAL SUPPLIES	9	10,434	9,787.31	.94	25.700	146.08	24.11
@DENTIST	_	32 \$	1,020.75	\$ 31.90	.079		
VISITS - DIAGNOSTIC	6	20	399.75	19.99	.049	66.63	.98
ORAL SURGERY	2	3	215.00	71.67	.007	107.50	.53
DRUGS	1	3	45.00	15.00	.007	45.00	.11
ANESTHESIA	Ţ	1	100.00	100.00	.002	100.00	. 25
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.005	96.00	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	165.00	55.00	.007	55.00	.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES
ALL OTHER SERVICES

DEL NORTE COUNTY

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL BLIND

PAGE 2,462 01/29/04

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DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	ID				3.0			a=	
406 BI TGTDI BG	Hanna	INITES OF SERVICE			7.7.7		MO				
406 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5	USER		COST PER ELIGIBLE
@ODMOMEMD I CM	8	OR DAYS OF CARE 20	\$	712.00	РЕ. \$	R UNIT/DAY 35.60	.049	4	89.00		1.75
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3	3	Ş	117.49	Ş	39.16	.049	Þ	39.16	Þ	.29
	5 6	3 17		594.51		34.97	.042		99.09		1.46
EYE APPLIANCES	0	0									
OTHER OPTOMETRIC SERVICES	2	3	4	.00 50.16	4	.00 16.72	.000	4	.00	4	.00 .12
@CHIROPRACTOR	1	1	\$		\$	16.72	.007	Þ	25.08 16.72	Þ	.12
VISITS	1			16.72							
OTHER SERVICES	<u> </u>	2 7	4	33.44	4	16.72	.005	4	33.44	4	.08
@PODIATRIST	2		\$	144.14	\$	20.59		\$	20.59	\$.36
MEDICINE/INJECTIONS		2		96.71		48.36	.005		48.36		. 24
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	5		47.43	_	9.49	.012	_	9.49	_	.12
@HOME HEALTH AGENCY	1	1	Ş	37.43	Ş	37.43		\$	37.43	\$.09
NURSE ANESTHESIST	2	8	Ş	175.66	\$	21.96	.020	\$	87.83	\$.43
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	74	547	\$	38,863.20	\$	71.05		\$	525.18	\$	95.72
HOSP INPATIENT TOTAL	9	40		27,248.00		681.20	.099		3027.56		67.11
HSC HOSPITALS	2	8		13,506.00		1688.25	.020		6753.00		33.27
NON-HSC HOSPITAL TOTAL	2	10		9,570.00		957.00	.025		4785.00		23.57
ACCOMMODATIONS	2	10		9,570.00		957.00	.025		4785.00		23.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		9,570.00		957.00	.025		4785.00		23.57
ANCILLARIES	2	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	22		4,172.00		189.64	.054		834.40		10.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	71	507		11,615.20		22.91	1.249		163.59		28.61
MEDICAL	20	48		2,301.18		47.94	.118		115.06		5.67
SURGERY	8	11		694.94		63.18	.027		86.87		1.71
PATHOLOGY	19	157		2,103.57		13.40	.387		110.71		5.18
RADIOLOGY	22	30		1,578.84		52.63	.074		71.77		3.89
ROOM USE	28	48		1,666.60		34.72	.118		59.52		4.10
CROSSOVERS/ALL OTH OUTPTNT	50	213		3,270.07		15.35	.525		65.40		8.05
@COUNTY HOSPITAL TOTAL	1	3	\$	4,056.00	\$	1352.00		\$	4056.00	\$	9.99
CO HOSPITAL INPATIENT TOTAL	1	3		4,056.00		1352.00	.007		4056.00		9.99
HSC HOSPITALS	1	3		4,056.00		1352.00	.007		4056.00		9.99
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .000 .00 0 .00 .00 PAGE 2,463

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01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIN	ND								
							M				
406 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	544	\$	34,807.20	\$	63.98	1.340	\$	470.37	\$	85.73
COMM HOSP INPATIENT TOTAL	8	37		23,192.00		626.81	.091		2899.00		57.12
HSC HOSPITALS	1	5		9,450.00		1890.00	.012		9450.00		23.28
NON-HSC HOSPITALS TOTAL	2	10		9,570.00		957.00	.025		4785.00		23.57
ACCOMMODATIONS	2	10		9,570.00		957.00	.025		4785.00		23.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		9,570.00		957.00	.025		4785.00		23.57
ANCILLARIES	2	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2 2 5	22		4,172.00		189.64	.054		834.40		10.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	71	507		11,615.20		22.91	1.249		163.59		28.61
	20	48				47.94					
MEDICAL				2,301.18			.118		115.06		5.67
SURGERY	8	11		694.94		63.18	.027		86.87		1.71
PATHOLOGY	19	157		2,103.57		13.40	.387		110.71		5.18
RADIOLOGY	22	30		1,578.84		52.63	.074		71.77		3.89
ROOM USE	28	48		1,666.60		34.72	.118		59.52		4.10
CROSSOVERS/ALL OTH OUTPTNT		213		3,270.07		15.35	.525		65.40		8.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	34	1,057	\$	129,441.07	\$	122.46	2.603	\$	3807.09	\$	318.82
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	34	1,057		129,441.07		122.46	2.603		3807.09		318.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
ICF DDH	0	0	т	.00	-	.00	.000	т	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	Ö	\$.00	\$.00	.000	Ġ	.00	\$.00
HOSPITAL BASED	Ů.	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00		\$.00	\$.00
@REHABILITATION FACILITY	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY			4	.00	4	.00	.000	4	.00	4	.00
@LABORATORY FACILITY	10	33	\$	522.77	\$	15.84	.081	Ş	52.28	\$	1.29
PATHOLOGY	10	33		522.77		15.84	.081		52.28		1.29
XO AND OTHERS	0	0		.00	_	.00	.000	_	.00		.00
@ORGANIZED OUTPATIENT CLINIC	82	130	\$	10,046.07	\$	77.28	.320	\$	122.51	Ş	24.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	82	130		10,046.07			.320		122.51		24.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2003 THRU	DEC	2003	P	AGE 2,464
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIN	ND								
							M	TNO	HLY AVERA	GE	
406 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	66	717	\$	16,089.46	\$	22.44	1.766	\$	243.78	\$	39.63

DURABLE MED. EQUIP.	3	22	6,291.15	285.96	.054	2097.05	15.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	356	5,439.22	15.28	.877	259.01	13.40
AMBULANCES/AIR TRANS	12	266	3,421.03	12.86	.655	285.09	8.43
OTHER TRANS	7	48	378.96	7.90	.118	54.14	.93
OTHER SERVICES	3	42	1,639.23	39.03	.103	546.41	4.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	31	1,595.28	51.46	.076	122.71	3.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	264.56	132.28	.005	132.28	.65

PROSTHETICS	2	2	264.56	132.28	.005	132.28	.65
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	140.08	35.02	.010	46.69	.35
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9	55.08	6.12	.022	18.36	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	292	2,199.09	7.53	.719	84.58	5.42
@CALIF. CHILDREN SERVICES*	17	502	\$ 30,183.66	\$ 60.13	1.236	\$ 1775.51	\$ 74.34
@XOVER EXCLUDING STATE HOSP**	90	1,702	\$ 18,164.64	\$ 10.67	4.192	\$ 201.83	\$ 44.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 DEL NORTE COUNTY

01/29/04 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED

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						M			GE	
22,980 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18,228	481,239	\$ 13,416,322.10	\$	27.88	20.942	\$	736.03	\$	583.83
@PHYSICIANS SERVICES	3,479	10,994	\$ 404,806.94	\$	36.82	.478	\$	116.36	\$	17.62
OUTPATIENT VISITS	1,442	2,064	73,949.97		35.83	.090		51.28		3.22
OFFICE VISITS	1,324	1,855	64,173.45		34.59	.081		48.47		2.79
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	102	125	6,846.22		54.77	.005		67.12		.30
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	12	48	1,817.88		37.87	.002		151.49		.08
OTHER OUTPATIENT	33	36	1,112.42		30.90	.002		33.71		.05
INPATIENT VISITS	145	564	30,575.51		54.21	.025		210.87		1.33
HOSPITAL VISITS	135	458	20,570.77		44.91	.020		152.38		.90
CRITICAL CARE	21	93	9,425.94		101.35	.004		448.85		.41
SNF/ICF/TRANS IP CARE	9	13	578.80		44.52	.001		64.31		.03
OPHTHALMOLOGICAL SERVICES	139	165	6,861.60		41.59	.007		49.36		.30
EXAMINATIONS	139	165	6,861.60		41.59	.007		49.36		.30
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	121	458	62,625.78		136.74	.020		517.57		2.73
PRINCIPAL SURGEON	106	166	55,668.79		335.35	.007		525.18		2.42
ASSISTANT SURGEON	7	7	1,497.29		213.90	.000		213.90		.07
ANESTHESIOLOGIST	17	285	5,459.70		19.16	.012		321.16		.24
OUTPATIENT SURGERY	392	782	97,621.76		124.84	.034		249.04		4.25
PRINCIPAL SURGEON	377	535	93,219.23		174.24	.023		247.27		4.06
ASSISTANT SURGEON	1	1	133.78		133.78	.000		133.78		.01
ANESTHESIOLOGIST	25	246	4,268.75		17.35	.011		170.75		.19
DIALYSIS	12	33	2,841.08		86.09	.001		236.76		.12
PATHOLOGY	421	956	14,508.89		15.18	.042		34.46		.63
RADIOLOGY	677	1,092	35,510.52		32.52	.048		52.45		1.55
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	54	106	10,018.48		94.51	.005		185.53		.44
OTHER SERVICES/ALL X-OVERS	1,458	4,774	70,293.35		14.72	.208		48.21		3.06
@PHARMACY	15,315	212,695	\$ 7,138,057.68	\$	33.56	9.256	\$	466.08	\$	310.62
PRESCRIPTION DRUGS	15,175	64,941	6,997,712.19		107.75	2.826		461.13		304.51
SNF/ICF	120	1,119	70,564.72		63.06	.049		588.04		3.07
OUTPATIENTS	15,065	63,822	6,927,147.47		108.54	2.777		459.82		301.44
MEDICAL SUPPLIES	1,183	147,754	140,345.49		.95	6.430		118.64		6.11
@DENTIST	411	1,861	\$ 104,059.06	\$	55.92	.081	\$	253.19	\$	4.53
VISITS - DIAGNOSTIC	266	752	10,712.70		14.25	.033		40.27		.47
ORAL SURGERY	94	726	40,229.37		55.41	.032		427.97		1.75

	_	_					
DRUGS	4	4	25.00	6.25	.000	6.25	.00
ANESTHESIA	39	39	3,800.00	97.44	.002	97.44	.17
PERIODONTICS	16	17	1,531.00	90.06	.001	95.69	.07
ENDODONTICS	8	10	2,130.00	213.00	.000	266.25	.09
	97		•				
RESTORATIVE DENTISTRY		165	11,466.00	69.49	.007	118.21	.50
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	69	133	34,164.99	256.88	.006	495.14	1.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
FRACTURES, DISLOCATIONS		U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	14	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,466
MOP024	FEE-FOR-SERVICE	Z/DENTAL					01/29/04
DEL NORTE COUNTY		ICES FOR ALL DISABLED					01/25/01
DEL NORIE COUNTI	SUMMARI OF SERV	/ICES FOR ALL DISABLED			14017		~ ~ ~ ~ ~ ~ ~ ~ ~ ~
					MON'		
22,980 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	732	1,923 \$	43,556.60	\$ 22.65	.084 \$	59.50	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	379	390	17,058.76	43.74	.017	45.01	.74
EYE APPLIANCES	574	1,509	25,153.03	16.67	.066	43.82	1.09
OTHER OPTOMETRIC SERVICES	30	24	1,344.81	56.03	.001	44.83	.06
@CHIROPRACTOR	221	462 \$	7,452.33	\$ 16.13	.020 \$	33.72	\$.32
VISITS	197	424	6,963.88	16.42	.018	35.35	.30
OTHER SERVICES	24	38	488.45	12.85	.002	20.35	.02
OTHER SERVICES	24						
@PODIATRIST	245	395 \$	9,638.11	\$ 24.40	.017 \$		
MEDICINE/INJECTIONS	141	169	4,393.45	26.00	.007	31.16	.19
SURGERY/ANES.	3	4	616.16	154.04	.000	205.39	.03
RADIO./PATHOLOGY	15	26	451.52	17.37	.001	30.10	.02
OTHER	105	196	4,176.98	21.31	.009	39.78	.18
OTHER DEPTERS ACENCY	197 24 245 141 3 15 105 116	756 \$				418.76	
@HOME HEALTH AGENCY	116		48,575.93	\$ 64.25	.033 \$		\$ 2.11
NURSE ANESTHESIST	154	899 \$	14,649.79	\$ 16.30	.039 \$	95.13	\$.64
NURSE MIDWIFE	8	14 \$	2,588.00	\$ 184.86	.001 \$	323.50	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 Ś	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	3,979	19,687 \$	3,280,739.89	\$ 166.64	.857 \$	824.51	\$ 142.77
	•	· · · · · · · · · · · · · · · · · · ·					•
HOSP INPATIENT TOTAL	375	1,616	2,713,756.21	1679.30	.070	7236.68	118.09
HSC HOSPITALS	21	140	193,617.01	1382.98	.006	9219.86	8.43
NON-HSC HOSPITAL TOTAL	224	1,080	2,416,092.42	2237.12	.047	10786.13	105.14
ACCOMMODATIONS	223	1,080	813,907.90	753.62	.047	3649.81	35.42
ADMINISTRATIVE DAYS	18	78	18,041.40	231.30	.003	1002.30	.79
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	213	1,002	795,866.50	794.28	.044	3736.46	34.63
ANCILLARIES	224	0	1,602,184.52	.00	.000	7152.61	69.72
INPATIENT CROSSOVERS	133	396	104,046.78	262.74	.017	782.31	4.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,830	18,071	566,983.68	31.38	.786	148.04	24.67
MEDICAL	1,191	2,060	124,366.20	60.37	.090	104.42	5.41
SURGERY	292	383	20,830.63	54.39	.017	71.34	.91
PATHOLOGY	1,313	6,083	72,869.64	11.98	. 265	55.50	3.17
RADIOLOGY	1,407	2,201	160,143.69	72.76	.096	113.82	6.97
ROOM USE	1,325	2,061	84,504.37	41.00	.090	63.78	3.68
CROSSOVERS/ALL OTH OUTPTNT	2,003	5,283	104,269.15	19.74	.230	52.06	4.54
@COUNTY HOSPITAL TOTAL	11	6 <u>7</u> \$	9,300.18	\$ 138.81	.003 \$	845.47	
CO HOSPITAL INPATIENT TOTAL	3	7	7,570.01	1081.43	.000	2523.34	.33
HSC HOSPITALS	3	7	7,570.01	1081.43	.000	2523.34	.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	•						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OBUIDD ACCOM	0	0		0.0		0.0	000	0.0		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		
ANCILLARIES	•			.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17		.84	.003	192.24		.08
MEDICAL	2	3		128.95		.98	.000	64.48		.01
SURGERY	1	1		5.81		.81	.000	5.81		.00
PATHOLOGY	3	23		322.53		.02	.001	107.51		.01
RADIOLOGY	1	3		382.52	127		.000	382.52		.02
ROOM USE	5	8		282.12		.27	.000	56.42		.01
CROSSOVERS/ALL OTH OUTPTNT		22		608.24		.65	.001	101.37		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT R	EPORT FOR	JAN	2003 THRU DI	EC 2003	P	AGE 2,467
MOP024	FEE-FOR-SERVICE									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL DIS	SABLE	D						
							MOI	NTHLY AVERA	GE ·	
22,980 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE	COST	UNITS/DAYS	COST PER	(COST PER
,		OR DAYS OF CAR	Ξ		PER UNI	T/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,974	19,620	Ś	3,271,439.71	\$ 166		.854			142.36
COMMUNICACIÓN DATE LENGTE TECNICAL.	3/3	1,609	т.	2,706,186.20	1681		.070	7255.19	т.	117.76
HSC HOSPITALS	18	133		186,047.00	1398		.006	10335.94		8.10
NON-HSC HOSPITALS TOTAL	224	1,080		2,416,092.42	2237		.047	10786.13		105.14
ACCOMMODATIONS	223	1,080		813,907.90	753		.047	3649.81		35.42
ADMINISTRATIVE DAYS	18	78		18,041.40	231		.003	1002.30		.79
TRANSITIONAL IP CARE	18 224 223 18 0 213	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	212	1,002		795,866.50	794		.044	3736.46		34.63
ALL OTHER ACCOM ANCILLARIES	224	1,002		1,602,184.52	134	.00	.000	7152.61		69.72
INPATIENT CROSSOVERS	133	396		104,046.78	262		.017	782.31		4.53
ALL OTHER INPATIENT	133	396		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,825	18,011				.38		147.78		
	•	•		565,253.51		. 40	.784	147.78		24.60
MEDICAL	1,189	2,057		124,237.25			.090			5.41
SURGERY	292	382		20,824.82		.52	.017	71.32		.91
PATHOLOGY	1,311	6,060		72,547.11		.97	. 264	55.34		3.16
RADIOLOGY	1,407	2,198		159,761.17		.68	.096	113.55		6.95
ROOM USE	1,322	2,053		84,222.25		.02	.089	63.71		3.67
CROSSOVERS/ALL OTH OUTPTNT		5,261	4.	103,660.91		.70	.229	51.86	4.	4.51
@STATE HOSPITAL	7	285	\$	139,288.43	\$ 488				\$	6.06
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	7	285		139,288.43	488		.012	19898.35		6.06
@NURSING FACILITY	83	2,532	\$	320,152.75	\$ 126				\$	13.93
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553		.002	22126.00		.96
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	82	0 2,492		298,026.75	119		.108	3634.47		12.97
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
		1 615		64 006 06	+			1165 00		0.00

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25.37

25.37

13.69

13.71

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91.03

36.29

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.00

.070 \$ 1165.22 \$

.009 \$ 154.44 \$

.00

1165.22

154.44

50.43

50.51

27.79

93.92

153.18 \$

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.242 \$

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3.32

3.31

49.18

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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

55

55

34

34

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5

17

1,511

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7,378

1,615

1,615

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.00 .00 0 0 85.00CR .00 .000 SURGICENTER 0 0 .000 HEROIN DETOX CLINIC .00 .00 .00 .00 7,368 12,371 1,128,663.98 RURAL HEALTH CLINIC 91.23 .538 153.18 49.12 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 2,468 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

DDD NORTH COUNTY	DOTTIME OF BLICVE	CHO TOR THE DISTIBLED					
						NTHLY AVERA	
22,980 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,833	208,934 \$	627,039.53	\$ 3.00	9.092	•	•
DURABLE MED. EQUIP.	226	574	139,371.67	242.81	.025	616.69	6.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,717.74	156.16	.000	245.39	.07
MEDICAL TRANSPORTATION	582	102,585	264,509.53	2.58	4.464	454.48	11.51
AMBULANCES/AIR TRANS	460	8,847	99,969.85	11.30	.385	217.33	4.35
OTHER TRANS	96	93,439	140,196.35	1.50	4.066	1460.38	6.10
OTHER SERVICES	50	299	24,343.33	81.42	.013	486.87	1.06
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.011	1448.85	.76
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	12	59	9,419.59	159.65	.003	784.97	.41
OCCUPATIONAL THERAPIST	2	16	304.48	19.03	.001	152.24	.01
OPTICIAN	654	1,490	18,581.39	12.47	.065	28.41	.81
PHYSICAL THERAPIST	204	1,712	26,692.16	15.59	.074	130.84	1.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	45	150	18,768.10	125.12	.007	417.07	.82
PROSTHETICS	45	150	18,768.10	125.12	.007	417.07	.82
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	51	5,283.87	103.61	.002	182.20	.23
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	304	7,396	58,003.75	7.84	.322	190.80	2.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	965	94,629	65,807.01	.70	4.118	68.19	2.86
@CALIF. CHILDREN SERVICES*	99	4,840 \$	180,127.68			\$ 1819.47	
@XOVER EXCLUDING STATE HOSP**	2,426	24,286 \$	269,112.63		1.057		•
@* TOTALS IN THESE LINES ARE	, -	· · · · · · · · · · · · · · · · · · ·					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

DEE NORTE GOORTE	001111111111111111111111111111111111111	, 1 0 2 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				
					MO1	NTHLY AVERA	GE
56,517 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	26,125	146,771 \$	8,342,449.62	\$ 56.84	2.597	\$ 319.33	\$ 147.61
@PHYSICIANS SERVICES	3,457	7,648 \$	373,410.20	\$ 48.82	.135	\$ 108.02	\$ 6.61
OUTPATIENT VISITS	1,704	2,278	80,776.33	35.46	.040	47.40	1.43
OFFICE VISITS	1,505	1,966	66,542.92	33.85	.035	44.21	1.18
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	143	160	8,411.41	52.57	.003	58.82	.15
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	32	85	3,163.41	37.22	.002	98.86	.06
OTHER OUTPATIENT	59	65	2,576.27	39.63	.001	43.67	.05
INPATIENT VISITS	158	467	28,833.47	61.74	.008	182.49	.51
HOSPITAL VISITS	149	399	21,040.19	52.73	.007	141.21	.37
CRITICAL CARE	16	67	7,758.10	115.79	.001	484.88	.14

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01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	1	35.18	35.18	.000	35.18	.00
OPHTHALMOLOGICAL SERVICES	62	72	3,007.14	41.77	.001	48.50	.05
EXAMINATIONS	62	72	3,007.14	41.77	.001	48.50	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	149	622	70,887.53	113.97	.011	475.76	1.25
PRINCIPAL SURGEON	114	140	58,342.51	416.73	.002	511.78	1.03
ASSISTANT SURGEON	14	14	2,724.29	194.59	.000	194.59	.05
ANESTHESIOLOGIST	34	468	9,820.73	20.98	.008	288.85	.17
OUTPATIENT SURGERY	514	967	100,800.48	104.24	.017	196.11	1.78
PRINCIPAL SURGEON	493	716	95,548.26	133.45	.013	193.81	1.69
ASSISTANT SURGEON	2	2	308.82	154.41	.000	154.41	.01
ANESTHESIOLOGIST	28	249	4,943.40	19.85	.004	176.55	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.04
PATHOLOGY	350	546	12,244.95	22.43	.010	34.99	.22
RADIOLOGY	1,015	1,377	37,366.12	27.14	.024	36.81	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	40	69	2,105.68	30.52	.001	52.64		.04
OTHER SERVICES/ALL X-OVERS	678	1,238	35,376.68	28.58	.022	52.18		.63
@PHARMACY	13,825	48,571 \$	1,914,148.53	\$ 39.41	.859 \$	138.46	Ś	33.87
PRESCRIPTION DRUGS	13,753	33,149	1,887,819.89	56.95	.587	137.27	Ψ	33.40
SNF/ICF	2	33,113	215.39	71.80	.000	107.70		.00
OUTPATIENTS	13,751	33,146	1,887,604.50	56.95	.586	137.27		33.40
MEDICAL SUPPLIES	241	15,422	26,328.64	1.71	.273	109.25		. 47
@DENTIST	652	3,953 \$	•	\$ 38.34	.070 \$	232.48	Ş	2.68
VISITS - DIAGNOSTIC	521	2,051	33,409.75	16.29	.036	64.13		.59
ORAL SURGERY	150	748	47,301.00	63.24	.013	315.34		.84
DRUGS	2	3	55.00	18.33	.000	27.50		.00
ANESTHESIA	49	53	4,900.00	92.45	.001	100.00		.09
PERIODONTICS	2	2	110.00	55.00	.000	55.00		.00
ENDODONTICS	55	125	9,087.00	72.70	.002	165.22		.16
RESTORATIVE DENTISTRY	244	873	45,205.00	51.78	.015	185.27		.80
PROSTHETICS	2	2	60.00	30.00	.000	30.00		.00
DENTURES, STAYPLATES	22	43	10,487.16	243.89	.001	476.69		.19
SPACE MAINTAINERS	1	1	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	10	10	500.00	50.00	.000	50.00		.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	12	12	385.00	32.08	.000	32.08		.01
	23	30	75.00			3.26		.00
ALL OTHER SERVICES				2.50	.001		DAGI	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003		2,470
MOP024	FEE-FOR-SERVIC	•					(01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL FAMILIES						
56 515					MONT			
56,517 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	872	2,271 \$	54,265.09	\$ 23.89	.040 \$	62.23	\$.96
DIAGNOSTIC AND ANC. PROCED	653	656	30,213.98	46.06	.012	46.27		.53
EYE APPLIANCES	593	1,612	23,990.20	14.88	.029	40.46		.42
OTHER OPTOMETRIC SERVICES	3	3	60.91	20.30	.000	20.30		.00
@CHIROPRACTOR	377	700 \$	11,637.12	\$ 16.62	.012 \$	30.87	\$.21
VISITS	376	698	11,620.40	16.65	.012	30.91		.21
OTHER SERVICES	1	2	16.72	8.36	.000	16.72		.00
@PODIATRIST	102	166 \$	6,850.90	\$ 41.27	.003 \$	67.17	\$.12
MEDICINE/INJECTIONS	90	104	3,239.91	31.15	.002	36.00	•	.06
SURGERY/ANES.	5	7	1,086.00	155.14	.000	217.20		.02
RADIO./PATHOLOGY	19	32	538.02	16.81	.001	28.32		.01
OTHER	12	23	1,986.97	86.39	.000	165.58		.04
@HOME HEALTH AGENCY	19	105 \$	7,434.51	\$ 70.80	.002 \$		\$.13
NURSE ANESTHESIST	361	1,815 \$	34,831.04	\$ 70.80	.032 \$	96.48	\$.62
	150	312 \$	55,969.01		•	373.13		.99
NURSE MIDWIFE			•				\$	
PEDIATRIC NURSE PRACTITIONER	•		.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	6,104	33,735 \$	3,005,422.05	\$ 89.09	.597 \$	492.37	\$	53.18
HOSP INPATIENT TOTAL	337	1,355	1,988,301.74	1467.38	.024	5900.01		35.18
HSC HOSPITALS	19	144	225,716.02	1567.47		11879.79		3.99
NON-HSC HOSPITAL TOTAL	316	1,191	1,760,905.72	1478.51	.021	5572.49		31.16
ACCOMMODATIONS	316	1,191	796,932.60	669.13	.021	2521.94		14.10
ADMINISTRATIVE DAYS	5 0	13	3,006.90	231.30	.000	601.38		.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	315	1,178	793,925.70	673.96	.021	2520.40		14.05
ANCILLARIES	316	0	963,973.12	.00	.000	3050.55		17.06
TNDATTENT CDOCCOVEDC	2	20	1 600 00	94 00	000	940 00		0.2

20

32,380

3,792

820

8,750

MEDICAL SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

5,951

2,822

2,185

643

2

0

840.00

170.92

77.26

71.74

50.91

.00

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.000

.573

.067

.015

.155

84.00

.00

31.41

57.50

56.25

12.71

1,680.00

1,017,120.31 218,034.44 46,126.52 111,248.89

.00

18.00

3.86

.82

1.97

.03

.00

RADIOLOGY	2,213	2,926	176,821.34	60.43	.052	79.90	3.13
ROOM USE	3,732	5,489	207,731.31	37.85	.097	55.66	3.68
	3,732		257,157.81	24.25		85.07	4.55
CROSSOVERS/ALL OTH OUTPTNT		10,603			.188		
@COUNTY HOSPITAL TOTAL	2	5 \$	195.03	\$ 39.01	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	195.03	39.01	.000	97.52	.00
MEDICAL	ñ	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	1	1	5.63		.000	5.63	.00
PATHOLOGY	1	1		5.63			
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	119.00	39.67	.000	119.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	70.40	70.40	.000	70.40	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MONT	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2 2003	PAGE 2,471
MOP024	FEE-FOR-SERVIC						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL FAMILIES					
					MON'		
56,517 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,102	33,730 \$	3,005,227.02	\$ 89.10	.597 \$	492.50	\$ 53.17
COMM HOSP INPATIENT TOTAL	337	1,355	1,988,301.74	1467.38	.024	5900.01	35.18
HSC HOSPITALS	19	144	225,716.02	1567.47	.003	11879.79	3.99
NON-HSC HOSPITALS TOTAL	316	1,191	1,760,905.72	1478.51	.021	5572.49	31.16
ACCOMMODATIONS	316	1,191	796,932.60	669.13	.021	2521.94	14.10
ADMINISTRATIVE DAYS	5	13	3,006.90	231.30	.000	601.38	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	315	1,178	793,925.70	673.96	.021	2520.40	14.05
ANCILLARIES	316	0	963,973.12	.00	.000	3050.55	17.06
INPATIENT CROSSOVERS	2	20	1,680.00	84.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,949	32,375	1,016,925.28	31.41	.573	170.94	17.99
MEDICAL	2,822	3,792	218,034.44	57.50	.067	77.26	3.86
SURGERY	643	820		56.25	.015	71.74	.82
			46,126.52				
PATHOLOGY	2,184	8,749	111,243.26	12.71	.155	50.94	1.97
RADIOLOGY	2,213	2,926	176,821.34	60.43	.052	79.90	3.13
ROOM USE	3,731	5,486	207,612.31	37.84	.097	55.65	3.67
CROSSOVERS/ALL OTH OUTPTNT	3,022	10,602	257,087.41	24.25	.188	85.07	4.55
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY			0.0	4 00	000 4	.00	\$.00
	0	0 \$.00	\$.00	.000 \$.00	٠.00
LEV A-INTERMEDIATE	0 0	0 \$ 0	.00	\$.00 .00	.000 \$.00	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0 0 0			•	•		•
	0 0 0 0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0 0 0 0	0	.00	.00	.000	.00	.00

0

0

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307

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17,662.94

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.005 \$ 2207.87 \$

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0

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	307	17,662.94	57.53	.005	2207.87	.31
@REHABILITATION FACILITY	42	369 \$	9,522.62	\$ 25.81	.007 \$		\$.17
HOSPITAL BASED	42	369	9,522.62	25.81	.007	226.73	.17
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,897	5,692 \$	90,315.00	\$ 15.87	.101 \$	47.61	\$ 1.60
PATHOLOGY	1,897	5,692	90,315.00	15.87	.101	47.61	1.60
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,893	20,606 \$	2,360,717.23	\$ 114.56	.365 \$	169.92	\$ 41.77
CLINIC	62	276	12,472.94	45.19	.005	201.18	.22
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13,846	20,330	2,348,244.29	115.51	.360	169.60	41.55
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON		EPORT FOR JAN 2		2003	PAGE 2,472
MOP024	FEE-FOR-SERVICE						01/29/04
DEL NORTE COUNTY		ICES FOR ALL FAMILIES					
					MONT	HLY AVERA	GE
56,517 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,191	20,521 \$	248,688.47	\$ 12.12	.363 \$	113.50	\$ 4.40
DURABLE MED. EQUIP.	93	173	19,845.66	114.71	.003	213.39	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISDENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	331	5,515	102,097.59	18.51	.098	308.45	1.81
AMBULANCES/AIR TRANS	327	5,485	69,583.27	12.69	.097	212.79	1.23
OTHER TRANS	331 327 0 27	0	.00	.00	.000	.00	.00
OTHER SERVICES	27	30	32,514.32	1083.81	.001	1204.23	.58
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114	114	11,812.50	103.62	.002	103.62	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	6	58	831.12	14.33	.001	138.52	.01
OPTICIAN	554	1,192	10,878.00	9.13	.021	19.64	.19
PHYSICAL THERAPIST	157	1,197	19,043.92	15.91	.021	121.30	.34
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	45	4,894.27	108.76	.001	203.93	.09
PROSTHETICS	24	44	4,805.58	109.22	.001	200.23	.09
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	70	171	7,676.65	44.89	.003	109.67	.14
HOSPICE SERVICES	0	<u> </u>	246.35	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	830	6,527	61,539.08	9.43	.115	74.14	1.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00

48

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*

.00

\$

9,796.30

4,773.97

289,164.37

.00

1.77

467.90

29.84

.000

.098

.011 \$

.003 \$

.00

160.60

2514.47

99.46

.00

.17

5.12

.08

0

5,528

618

160

							MOI	ITHLY AVERA	GE	
2,464 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,139	5,489	\$	341,918.21	\$	62.29	2.228	300.19	\$	138.77
@PHYSICIANS SERVICES	163	343	\$	16,408.02	\$	47.84	.139	100.66	\$	6.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,473
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

OUTPATIENT VISITS	91	118		4,013.45	34.01	.048	44.10	1.63	
OFFICE VISITS	66	79		2,762.18	34.96	.032	41.85	1.12	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	10	11		477.44	43.40	.004	47.74	.19	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	4	17		322.46	18.97	.007	80.62	.13	
OTHER OUTPATIENT	11	11		451.37	41.03	.004	41.03	.18	
	12	37			51.95		160.19	.78	
INPATIENT VISITS				1,922.22		.015			
HOSPITAL VISITS	5	27		1,573.70	58.29	.011	314.74	.64	
CRITICAL CARE	1	2		128.52	64.26	.001	128.52	.05	
SNF/ICF/TRANS IP CARE	7	8		220.00	27.50	.003	31.43	.09	
OPHTHALMOLOGICAL SERVICES	3	3		83.59	27.86	.001	27.86	.03	
EXAMINATIONS	3	3		83.59	27.86	.001	27.86	.03	
SERVICES AND MATERIALS	3	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	8	8		3,950.48	493.81	.003	493.81	1.60	
PRINCIPAL SURGEON	Q Q	8		3,950.48	493.81	.003	493.81	1.60	
	0	0						.00	
ASSISTANT SURGEON	-			.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	21	41		3,225.97	78.68	.017	153.62	1.31	
PRINCIPAL SURGEON	21	32		3,036.55	94.89	.013	144.60	1.23	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	9		189.42	21.05	.004	189.42	.08	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	16	24		548.22	22.84	.010	34.26	. 22	
RADIOLOGY	33	48		921.63	19.20	.019	27.93	.37	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	29	64		1,742.46	27.23	.026	60.08	.71	
@PHARMACY	536	1,285	\$	64,402.13	\$ 50.12	.522 \$	120.15	\$ 26.14	
PRESCRIPTION DRUGS	530	1,231		61,813.64	50.21	.500	116.63	25.09	
SNF/ICF	18	122		8,177.49	67.03	.050	454.31	3.32	
OUTPATIENTS	514	1,109		53,636.15	48.36	.450	104.35	21.77	
MEDICAL SUPPLIES	14	54		2,588.49	47.94	.022	184.89	1.05	
@DENTIST	30	126	\$	3,207.57	\$ 25.46	.051 \$	106.92		
	25	90	Ą					.54	
VISITS - DIAGNOSTIC				1,342.00	14.91	.037	53.68		
ORAL SURGERY	2	3		128.00	42.67	.001	64.00	.05	
DRUGS	3	3		75.00	25.00	.001	25.00	.03	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	10	19		754.00	39.68	.008	75.40	.31	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	7		288.00	41.14	.003	288.00	.12	
· · · · · · · · · · · · · · · · · · ·	1	,						.00	
SPACE MAINTAINERS	U	U		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	U		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	4		620.57	155.14	.002	620.57	.25	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURI	ES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,474	Ŀ
MOP024	FEE-FOR-SERVICE							01/29/04	Ļ
DEL NORTE COUNTY		ICES FOR ALL MED	CAT.T	Y INDIGENT					
DEE NORTH COONTI	BOTHLING OF BLICV	TODO TOR THE FIED.		II INDIGENI		MONT	HIV AWEDA	그루	
2 464 ELICIDIEC	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER	
2,464 ELIGIBLES	USERS			EXPENDITURES					
		OR DAYS OF CARE	_	0 0 1 1 5 -	PER UNIT/DAY		USER	ELIGIBLE	
@OPTOMETRIST	35	89	\$	2,014.02	\$ 22.63	.036 \$	57.54		
DIAGNOSTIC AND ANC. PROCED	24	24		1,113.94	46.41	.010	46.41	.45	
EYE APPLIANCES	25	65		900.08	13.85	.026	36.00	.37	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	8	10	\$	167.20	\$ 16.72	.004 \$	20.90		
VISITS	8	10	Ψ	167.20	16.72	.004	20.90	.07	
	U	± 0		107.20	10.72	• 50 -	20.70	. 0 /	

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	11	70	\$ 1,199.07	\$ 17.13	.028	\$ 109.01	\$.49
NURSE MIDWIFE	3	8	\$ 736.65	\$ 92.08	.003	\$ 245.55	\$.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	282	1,415	\$ 122,009.55	\$ 86.23	.574	\$ 432.66	\$ 49.52
HOSP INPATIENT TOTAL	11	53	84,343.59	1591.39	.022	7667.60	34.23
HSC HOSPITALS	1	11	18,150.00	1650.00	.004	18150.00	7.37
NON-HSC HOSPITAL TOTAL	10	42	66,193.59	1576.04	.017	6619.36	26.86
ACCOMMODATIONS	10	42	30,459.72	725.23	.017	3045.97	12.36

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	-						
ALL OTHER ACCOM	10	42	30,459.72	725.23 .00	.017	3045.97	12.36
ANCILLARIES	10	0	35,733.87	.00	.000	3573.39	14.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT		U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	275	1,362	37,665.96	27.65	.553	136.97	15.29
MEDICAL	117	150	8,741.24	58.27	.061	74.71	3.55
SURGERY	27	34	1,971.77	57.99	.014	73.03	.80
PATHOLOGY	138	575	7,569.24	13.16	.233	54.85	3.07
RADIOLOGY	80	97	4,206.83	43.37	.039	52.59	1.71
ROOM USE	150	193	6,939.70	35.96	.078	46.26	2.82
CROSSOVERS/ALL OTH OUTPTNT	104	313	8,237.18	26.32	.127	79.20	3.34
	1	1 \$	34.21	\$ 34.21	.000		
@COUNTY HOSPITAL TOTAL							
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	Ü	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	34.21	34.21	.000	34.21	.01
MEDICAL	0	_	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.01
	1	1					
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	.00	.00	.000	.00	.00 PAGE 2,475
CROSSOVERS/ALL OTH OUTPINT	-	CES AND EXPENDITURES MO	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MO E/DENTAL	.00 NTH-OF-PAYMENT RE	.00	.000	.00	.00 PAGE 2,475
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MO	.00 NTH-OF-PAYMENT RE	.00	.000 2003 THRU DI	.00 EC 2003	.00 PAGE 2,475 01/29/04
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITURES MODE/DENTAL FICES FOR ALL MEDICALL	.00 NTH-OF-PAYMENT RI Y INDIGENT	.00 PORT FOR JAN	.000 2003 THRU DI	.00 EC 2003 NTHLY AVERA	.00 PAGE 2,475 01/29/04 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALL UNITS OF SERVICE	.00 NTH-OF-PAYMENT RE	.00 PORT FOR JAN : AVERAGE COST	.000 2003 THRU DI MOI UNITS/DAYS	.00 EC 2003 JTHLY AVERA COST PER	.00 PAGE 2,475 01/29/04 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG	.00 EC 2003 JTHLY AVERA COST PER USER	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG	.00 EC 2003 JTHLY AVERA COST PER USER	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE 1,414 \$.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 86.26	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574	.00 EC 2003 WITHLY AVERA COST PER USER 434.08	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 281 11	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 1 10	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 : .022 .004 .017	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 1	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00	.00 EPORT FOR JAN : AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 : .022 .004	.00 EC 2003 VTHLY AVERA COST PER USER \$ 434.08 7667.60 18150.00	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 42 0 1,361 150	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24	.00 EPORT FOR JAN: AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117 27	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77	.00 AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000 .000 .552 .061 .014	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 10 10 10 10 274 117 27 138	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34 575	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77 7,569.24	.00 AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99 13.16	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000 .000 .552 .061 .014 .233	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03 54.85	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80 3.07
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117 27 138 80	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34 575 97	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77 7,569.24 4,206.83	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99 13.16 43.37	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000 .000 .017 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03 54.85 52.59	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80 3.07 1.71
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117 27 138 80 149	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34 575 97 192	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77 7,569.24 4,206.83 6,905.49	.00 AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99 13.16 43.37 35.97	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .007 .000 .000 .000 .017 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03 54.85 52.59 46.35	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80 3.07 1.71 2.80
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117 27 138 80 149	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34 575 97	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77 7,569.24 4,206.83	.00 EPORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99 13.16 43.37	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000 .000 .017 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03 54.85 52.59	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80 3.07 1.71
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 2,464 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 281 11 10 10 0 0 0 274 117 27 138 80 149	CES AND EXPENDITURES MODE/DENTAL VICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 1,414 \$ 53 11 42 42 42 0 0 0 1,361 150 34 575 97 192	.00 NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 121,975.34 84,343.59 18,150.00 66,193.59 30,459.72 .00 .00 30,459.72 35,733.87 .00 .00 37,631.75 8,741.24 1,971.77 7,569.24 4,206.83 6,905.49 8,237.18	.00 PORT FOR JAN AVERAGE COST PER UNIT/DAY \$ 86.26 1591.39 1650.00 1576.04 725.23 .00 .00 725.23 .00 .00 27.65 58.27 57.99 13.16 43.37 35.97 26.32	.000 2003 THRU DI MOI UNITS/DAYS PER ELIG .574 .022 .004 .017 .017 .000 .000 .017 .000 .000 .017 .000 .000	.00 EC 2003 NTHLY AVERA COST PER USER 434.08 7667.60 18150.00 6619.36 3045.97 .00 .00 3045.97 3573.39 .00 .00 137.34 74.71 73.03 54.85 52.59 46.35 79.20	.00 PAGE 2,475 01/29/04 GE COST PER ELIGIBLE \$ 49.50 34.23 7.37 26.86 12.36 .00 .00 12.36 14.50 .00 .00 15.27 3.55 .80 3.07 1.71 2.80 3.34
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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	340		34,833.12		102.45	.138		2679.47		14.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	73	205	\$	3,602.13	\$	17.57	.083	\$	49.34	\$	1.46
PATHOLOGY	73	205		3,602.13		17.57	.083		49.34		1.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	536	784	\$	83,059.04	\$	105.94	.318	\$	154.96	\$	33.71
CLINIC	2	5		300.30		60.06	.002		150.15		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	534	779		82,758.74		106.24	.316		154.98		33.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONT	TH-OF-PAYMENT RE	EPORT	' FOR JAN 2003	THRU	DEC	2003	PA	GE 2,476
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	ALL M	EDICALLY	INDIGENT							

DEL NORTE COUNTI	DOMMAN OF DERV	TCES FOR ALL MED	тсапп	I INDIGENI				
						-	NTHLY AVERA	-
2,464 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	82	814	\$	10,279.71	\$ 12.63	.330	\$ 125.36	\$ 4.17
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	195		4,179.01	21.43	.079	189.96	1.70
AMBULANCES/AIR TRANS	22	194		2,904.01	14.97	.079	132.00	1.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,275.00	1275.00	.000	1275.00	.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7		735.00	105.00	.003	105.00	.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	27	60		530.00	8.83	.024	19.63	.22
PHYSICAL THERAPIST	3	6		121.63	20.27	.002	40.54	.05
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2		90.06	45.03	.001	.00	.04
PROSTHETICS	0	2		90.06	45.03	.001	.00	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		288.97	48.16	.002	96.32	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	528		4,087.33	7.74	.214	185.79	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10		247.71	24.77	.004	247.71	.10
@CALIF. CHILDREN SERVICES*	22	117	\$	24,623.17	\$ 210.45	.047	\$ 1119.24	\$ 9.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	TEM O	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,477 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

					MON7	HLY AVERAGE -	
00 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST			OST PER
		OR DAYS OF CARE		PER UNIT/DAY			LIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	U	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ů	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0			.000		
DIALYSIS	0	•	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	U	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0	.00				
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0		.00		.00	
SPACE MAINTAINERS	U	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ü	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CATTE DEDT OF BEATTE CEDV	MEDITONI GEDITICES	AND EVDENDITIDES MONT	TU_OU_DAVMENT DE	DODT TOD TAN C	טווס ההסוו טביס	יאם פחחכי	ሚሞ 2 / 170

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL PAGE 2,478 01/29/04

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR RENAL DIALYSIS

MOP024

DEL NORTE COUNTY

AID CODES 71

DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	RENAL D	IALYSIS		AID CODES				
						MON'		E	
00 ELIGIBLES	USERS UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		\$.00	
MEDICINE/INJECTIONS	0	Ö	т	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	Ö		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	Ö		.00	.00	.000	.00	.00	
OTHER	0	Ö		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	Ö	\$.00	\$.00	.000 \$		\$.00	
NURSE ANESTHESIST	0	0	Ġ	.00	\$.00	.000 \$		\$.00	
NURSE MIDWIFE	0	0	Ģ.	.00	\$.00	.000 \$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	ς.	.00	\$.00	.000 \$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	۲. ک					•	
	0	0	۲. ک	.00	\$.00	.000 \$.000 \$.00	\$.00 \$.00	
@TOTAL HOSPITAL	0	0	Ą		\$.00			•	
HOSP INPATIENT TOTAL	0	-		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	Ō		.00	.00	.000	.00	.00	
PATHOLOGY	0	Ö		.00	.00	.000	.00	.00	
RADIOLOGY	0	Ō		.00	.00	.000	.00	.00	
ROOM USE	0	Ö		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	Ö		.00	.00	.000	.00	.00	
	MEDI-CAL SERVICES AND EX	PENDITURI	ES MONTE					PAGE 2,4	
								01 (00 /	

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

	0	0		.00		.00	.000		.00		0.0
PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	. 0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	Ġ	.00	.000	Ġ	.00	\$.00
	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	Ü	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	·	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	U									
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	ė.		ė.			4		d	
@INTERMEDIATE CARE FACILDD	U	U	\$.00	\$.00	.000	Þ	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	Ü	Ü		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0									
	U	0		.00	_	.00	.000		.00	_	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	Ś		\$.00
CLINIC	0	0	Y		Y			Y		Y	
CLINIC	U	U		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0 0	0 0		.00		.00 .00	.000		.00		.00 .00
HEROIN DETOX CLINIC	0 0 0	0 0 0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	•	•	FS MON	.00	ידק∩םי	.00	.000	DFC	.00	D7	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	.00	PORT	.00	.000	DEC	.00	P <i>I</i>	.00 .00 AGE 2,480
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 003 THRU	DEC	.00	P <i>I</i>	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 003 THRU		.00		.00 .00 AGE 2,480 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 003 THRU		.00		.00 .00 AGE 2,480 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL	IALYSI	.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 003 THRU 71	ONT	.00 .00 2003	GE -	.00 .00 AGE 2,480 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE	IALYSI	.00 .00 TH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODES	.000 .000 003 THRU 71 M	ONT S	.00 .00 2003 HLY AVERAG	GE -	.00 .00 AGE 2,480 01/29/04 COST PER
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 2003 HLY AVERAGE COST PER USER	GE - (.00 .00 AGE 2,480 01/29/04 COST PER
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00	AVE	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000	ONT S	.00 .00 2003 THLY AVERAC COST PER USER .00	GE - (.00 .00 AGE 2,480 01/29/04 COST PER CLIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00 .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2003 THLY AVERAC COST PER USER .00 .00	GE - (.00 .00 AGE 2,480 01/29/04 COST PER CLIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000	ONT S	.00 .00 2003 THLY AVERAC COST PER USER .00	GE - (.00 .00 AGE 2,480 01/29/04 COST PER CLIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00 .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2003 THLY AVERAC COST PER USER .00 .00	GE - (.00 .00 AGE 2,480 01/29/04 COST PER CLIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00 .00 .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE - (.00 .00 .00 .02 2,480 .01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00	GE - (.00 .00 .00 .05 .01/29/04 .00 .00 .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 TH-OF-PAYMENT RE S EXPENDITURES .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2003 HLY AVERAC COST PER USER .00 .00 .00 .00	GE - (.00 .00 .00 .0E 2,480 .01/29/04
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SURGERY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
* TOTAL THE THECE LINES ADD CIVEN A	. משעמעממט ע ט		TUDM ONT W.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,481 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL F	ARENTE	ERAL NUTRITION		AID CODES	73			
								MO	TNC	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER	COST PER
		OR DAYS	OF CARE]		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00
PERIODONTICS	0		0		.00		.00	.000		.00	.00
ENDODONTICS	0		0		.00		.00	.000		.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 2,482
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TOTAL PARENTER	RAL NUTRITION	AID CODES	73		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00

							MC	TIO	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Û	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	· ·	•					
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPO	ORI FOR JAN 20	U3 THRU DEC	2003 PA	GE 2,483
MOP024	FEE-FOR-SERVICE/DE				_		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR TOTAL PARE	NTERAL NUTRITION	AID CODES 7			
					MONT		
00 ELIGIBLES		ITS OF SERVICE		AVERAGE COST U			OST PER
	0	R DAYS OF CARE	I	- '	PER ELIG		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	5 .00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ANCILLARIES	0	0			.000		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00		.000 \$.00 \$.00
MENTALLY ILL	Ô	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00		.000 \$.00 \$.00
	0	0 \$.00	.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	•					.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	U	U	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	Ü	Ü	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00		.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	5 .00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00		.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
@LABORATORY FACILITY	0	- T	.00		.000 \$.00 \$.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
XO AND OTHERS	U	U	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ü	0 \$.00		.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	03 THRU DEC	2003 PA	GE 2,484

DEL NORIE COUNTI	SUMMARI OF SERV	ATCES LOK	IUIAL P	AKEN.	TEKAL NOIKTIION	AID CODES	13			
							MC	ONTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,485 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MON	ITH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 2,486
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTH	LY AVERAGE	C

DST UNITS/DAYS DAY PER ELIG 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	\$.00 .00 .00 .00	·	COST PER ELIGIBLE .00 .00 .00 .00
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	0 .000 0 .000 <td< td=""><td>0 .000 .00 0 .000 .00 0 .000 .00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 <</td><td>0 .000 .00 0 .000 .00 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0</td></td<>	0 .000 .00 0 .000 .00 0 .000 .00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 \$.00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 .000 .00 .00 0 <	0 .000 .00 0 .000 .00 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 \$ 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0 .000 .00 0

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 2,487
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL MORTE COLMITY	CLIMMARY OF CERVICES EU	D TDCA ATTEMS	AID CODES	51 52 56 5	7		

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

DEL NORIE COUNTY	SUMMARY OF SERVICE	S FUR IRCA	ALTENS	AID	CODES ST 37 36			
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS UN	ITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.	R DAYS OF CA	RE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	•	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0		0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	.00		.00	.000	.00		.00
XO AND OTHERS	0		0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0	.00		.00	.000	.00		.00
SURGICENTER	0		0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	PENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU D	EC 2003	PAGE	2,488
MOP024	FEE-FOR-SERVICE/	DENTAL							0.3	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	IRCA ALIEN	IS AID	CODES	51 52 56	57			
							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST	Γ PER

					MON1	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVE	M AC A CFDARA	TE INFORMATION ITEM ON	r.v:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,489
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DEE NORTH COUNTY	DOINIME OF DEEL	VICED I OIL III, III		WIIIIOOI DID IIID	COPL	33 30 31					
							MO	NT	HLY AVERA	.GE	
345 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	138	1,366	\$	158,112.47	\$	115.75	3.959	\$	1145.74	\$	458.30
@PHYSICIANS SERVICES	26	82	\$	4,835.30	\$	58.97	.238	\$	185.97	\$	14.02
OUTPATIENT VISITS	4	9		574.21		63.80	.026		143.55		1.66
OFFICE VISITS	1	1		81.40		81.40	.003		81.40		.24
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	7	447.05	63.86	.020	223.53	1.30
OTHER OUTPATIENT	1	1	45.76	45.76	.003	45.76	.13
INPATIENT VISITS	9	23	889.12	38.66	.067	98.79	2.58
HOSPITAL VISITS	9	23	889.12	38.66	.067	98.79	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	17	1,746.92	102.76	.049	582.31	5.06
PRINCIPAL SURGEON	3	4	1,558.91	389.73	.012	519.64	4.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	188.01	14.46	.038	188.01	.54
OUTPATIENT SURGERY	3	4	313.45	78.36	.012	104.48	.91
PRINCIPAL SURGEON	3	4	313.45	78.36	.012	104.48	.91

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	2	2		450.08		225.04	.006		225.04		1.30
PATHOLOGY	5	5		242.25		48.45	.014		48.45		.70
RADIOLOGY	9	14		302.39		21.60	.041		33.60		.88
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	8		316.88		39.61	.023		79.22		.92
@PHARMACY	39	79	\$	2,003.59	\$	25.36	.229	\$	51.37	\$	5.81
PRESCRIPTION DRUGS	38	71		1,490.41		20.99	.206		39.22		4.32
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	38	71		1,490.41		20.99	.206		39.22		4.32
MEDICAL SUPPLIES	3	8		513.18		64.15	.023		171.06		1.49
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	IONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	003 THRU 1	DEC	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DE									0:	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	S FOR MI/MN .	ALIEN	WITHOUT SIS AID (CODE	55 58 5F					

----- MONTHLY AVERAGE -----345 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .000 MEDICINE/INJECTIONS .00 .00 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 553.61 NURSE ANESTHESIST 24 23.07 .070 110.72 \$ 1.60 28 4,876.02 174.14 375.08 NURSE MIDWIFE 13 .081 \$ 14.13 .00 0 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER 0 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 396.49 @TOTAL HOSPITAL 859 136,788.00 159.24 2.490 \$ 1455.19 HOSP INPATIENT TOTAL 16 64 112,466.85 1757.29 .186 7029.18 325.99 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 16 64 112,466.85 1757.29 .186 7029.18 325.99 64 40,976.94 640.26 .186 2561.06 118.77 ACCOMMODATIONS 231.30 ADMINISTRATIVE DAYS 1 1 231.30 .003 231.30 .67 0 0 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 ALL OTHER ACCOM 16 63 40,745.64 646.76 .183 2546.60 118.10 ANCILLARIES 16 0 71,489.91 .00 .000 4468.12 207.22

ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
MEDICAL SURGERY 9 8 5 517.81 64.73 0.023 57.53 1.50 PATHOLOGY 45 234 2.794.88 11.94 678 62.11 8.10 RADIOLOGY 26 31 1.761.30 56.82 0.90 67.74 5.11 ROOM USE 65 117 4.133.06 35.33 3.339 63.59 11.98 CROSSOVERS/ALL OTH OUTPTNT 66 378 13.426.30 35.52 1.096 203.43 38.92 CCOUNTY HOSPITAL INPATIENT TOTAL 0 0 0 \$ 0.00 0.00 0.00 \$ 0.00 HOSPITALS TOTAL 0 0 0 0 0 0 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0.00 0.00 0.00 0.00 NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0 0.00 0.00 0.00 0.00 ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 ANDINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 ANDILLARIES 0 0 0 0 0.00 0.00 0.00 0.00 ANDILLARIES 0 0 0 0 0.00 0.00 0.00 0.00 ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 ALL OTHER RACCOM 0 0 0 0.00 0.00 0.00 0.00 SURGERY 0 0 0 0 0.00 0.00 0.00 0.00 0.00 SURGERY 0 0 0 0 0.00 0.00 0.00 0.00 0.00 RADIOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 RADIOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 RADIOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 RADIOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 REDICAL DEPT OF HEALTH SERV MEDICALS AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THU DEC 2003 PAGE 2.4919 MODO24 FEEF-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THU DEC 2003 PAGE 2.4919	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
SURGERY 9 8 5.17.81 64.73 .0.23 57.53 1.50 PATHOLOGY 45 234 2.794.88 11.94 .678 62.11 8.10 RADIOLOGY 26 31 1.761.30 56.82 .090 67.74 5.11 ROOM USE 65 117 4.133.06 35.33 .339 63.59 11.98 CROSSOVERS/ALL OTH OUTPTNT 66 378 13.426.30 35.52 1.096 203.43 38.92 80.00 \$.	HOSP OUTPATIENT TOTAL	91	795		24,321.15	30.59	2.304	267.27	70.50
PATHOLOGY	MEDICAL	19	27		1,687.80	62.51	.078	88.83	4.89
RADIOLOGY ROOM USE 65 117 4,133.06 35.33 .339 63.59 11.98 CROSSOVERS/ALL OTH OUTPINT 66 378 13,426.30 35.52 1.096 203.43 38.92 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00 .00 \$.00 HSC HOSPITAL INPATIENT TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	9	8		517.81	64.73	.023	57.53	1.50
ROOM USE 65 117 4,133.06 35.33 .339 63.59 11.98 CROSSOVERS/ALL OTH OUTPTNT 66 378 13,426.30 35.52 1.096 203.43 38.92 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .000 \$.00 .00 \$.00 .00	PATHOLOGY	45	234		2,794.88	11.94	.678	62.11	8.10
CROSSOVERS/ALL OTH OUTPTNT	RADIOLOGY	26	31		1,761.30	56.82	.090	67.74	5.11
COUNTY HOSPITAL TOTAL	ROOM USE	65	117		4,133.06	35.33	.339	63.59	11.98
CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPINT	66	378		13,426.30	35.52	1.096	203.43	38.92
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0	ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td></td>		0	0			.00			
SURGERY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td></td>		0	0			.00			
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
ROOM USE 0 0 .00		0	0			.00			
CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0			.00			
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,491 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		0	0						
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		0	0						
			XPENDITU:	RES MONT	H-OF-PAYMENT RI	EPORT FOR JA	N 2003 THRU	DEC 2003	
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F									01/29/04
	DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MI/MN .	ALIEN WI	THOUT SIS AID (CODE 55 58 5	F		

DEL NORTE COUNTI	SUMMANT OF SERV	ATCES LOK	MIT / MIN AI	1 T 1:14	WIIIIOUI SIS AID	CODE 33 36 31					
							M	ruo.	THLY AVERA	ιGΕ	
345 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DA	Y PER ELIG	i	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94		859	\$	136,788.00	\$ 159.24		\$	1455.19	\$	396.49
COMM HOSP INPATIENT TOTAL	16		64		112,466.85	1757.29	.186		7029.18		325.99
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	16		64		112,466.85	1757.29	.186		7029.18		325.99
ACCOMMODATIONS	16		64		40,976.94	640.26	.186		2561.06		118.77
ADMINISTRATIVE DAYS	1		1		231.30	231.30	.003		231.30		.67
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	16		63		40,745.64	646.76	.183		2546.60		118.10
ANCILLARIES	16		0		71,489.91	.00	.000		4468.12		207.22
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	91		795		24,321.15	30.59	2.304		267.27		70.50
MEDICAL	19		27		1,687.80	62.51	.078		88.83		4.89
SURGERY	9		8		517.81	64.73	.023		57.53		1.50
PATHOLOGY	45		234		2,794.88	11.94	.678		62.11		8.10
RADIOLOGY	26		31		1,761.30	56.82	.090		67.74		5.11
ROOM USE	65		117		4,133.06	35.33	.339		63.59		11.98
CROSSOVERS/ALL OTH OUTPTNT	66		378		13,426.30	35.52	1.096		203.43		38.92
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	64	\$	1,227.14	\$	19.17	.186	\$	613.57	\$	3.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	64		1,227.14		19.17	.186		613.57		3.56
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	32	\$	649.69	\$	20.30	.093	\$	40.61	\$	1.88
PATHOLOGY	16	32		649.69		20.30	.093		40.61		1.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	13	\$	1,386.58	\$	106.66	.038	\$	138.66	\$	4.02
CLINIC	1	1		35.00		35.00	.003		35.00		.10
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	12		1,351.58		112.63	.035		150.18		3.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPOR7	FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,492
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DEE NORTH COONTI	DOLLING OF DELLATOR	LO I OIC TIL/TIN TILLIN	WIIIIOOI DID MID	CODE 33 30 31			
					MON	THLY AVERAG	GE
345 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	185 \$	5,792.54	\$ 31.31	.536 \$	386.17	\$ 16.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	176	4,847.54	27.54	.510	807.92	14.05
AMBULANCES/AIR TRANS	6	174	2,297.54	13.20	.504	382.92	6.66
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.006	1275.00	7.39
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.026	105.00	2.74
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTATO IN TURCE IINEC ADE	מדוודאו אפ א פרהאהאיז	יב דאבירשסרים איד דירש מידי דייביש מי	NTT V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY

DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	REFUGEES	AID (CODES 01 02 08			
					MONT	'HLY AVERAG'	E
02 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2 \$	185.03	\$ 92.52	1.000 \$	92.52	
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OFFICE VISITS			.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	Ô	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	Ô	.00	.00	.000	.00	.00
		0					
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
DIALYSIS		0			.000		.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	•
		-					.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	n	.00	.00	.000	.00	.00
	0	0	.00			.00	
ANESTHESIA	<u> </u>	0		.00	.000		.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	·	0					
MAXILLOFACIAL SERVICES	0	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,494
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	DEFIICEEC	XID (CODES 01 02 08	ΛΣ		01/27/01
DET MOKIE COOMII	POWMENT OF SERVICES FOR	KEL OGEED	AID (יס ג מימיז א ע דעי	r
00 51 10151 50	HOEDS INTES		EADEATOTOTO		MONT		
02 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	UR DVA	C OH CAPH		עעו/יויוואוו איאט איאט איאט	DED E1.1(2	IIC #:D	#1.1(±1 B1.#

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00		.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00	.00	.000 \$.00	ş	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00		.00
ANCILLARIES	U	U	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DEC	2003		2,495
	FEE-FOR-SERVICE						01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID	CODES 01 02 08	0A			
					MONTH		_	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS (COST	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG:	IBLE
@COMMINITY HOSPITAL TOTAL	0	n s	0.0	\$ 00	000 \$	0.0	\$	0.0

					MON	ILLI AVEKAG	E
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	1	.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00		.00	.000		.00	•	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		2	\$	185.03	\$	92.52	1.000	\$	92.52	\$	92.52
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2		2		185.03		92.52	1.000		92.52		92.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		INDITUR	ES M	ONTH-OF-PAYMENT	REPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 2,496
MOP024	FEE-FOR-SERVICE/											01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR R	REFUGEE	S	AID	CODE	5 01 02 08					
										HLY AVERA		
02 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY		COST PER		COST PER
	6	OR DAYS C	_				R UNIT/DAY	-		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	Ş	.00	\$.00	.000	\$.00	\$.00

					MON	THLY AVERAG	E
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,497
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

DEL NORIE COUNTY	SUMMARY OF SERVI	CES FOR	BCCIP-FI	LDERAL	A.	ID CODES ON ON				
								NTHLY AVERA	AGE	
29 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	50		351	\$	48,428.15	\$ 137.97	12.103			1669.94
@PHYSICIANS SERVICES	25		99	\$	7,728.24	\$ 78.06	3.414	\$ 309.13	\$	266.49
OUTPATIENT VISITS	16		17		565.26	33.25	.586	35.33		19.49
OFFICE VISITS	15		16		519.50	32.47	.552	34.63		17.91
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1		1		45.76	45.76	.034	45.76		1.58
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		Ö		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		Ő		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3		30		2,547.17	84.91	1.034	849.06		87.83
	3		2			1045.78	.069			
PRINCIPAL SURGEON	0		0		2,091.56		.000	1045.78		72.12
ASSISTANT SURGEON	0		28		.00 455.61	.00 16.27	.966	.00		.00 15.71
ANESTHESIOLOGIST	<u>_</u>							455.61		
OUTPATIENT SURGERY	5		10		1,405.92	140.59	.345	281.18		48.48
PRINCIPAL SURGEON	5		10		1,405.92	140.59	.345	281.18		48.48
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	9		26		777.42	29.90	.897	86.38		26.81
RADIOLOGY	6		12		2,212.78	184.40	.414	368.80		76.30
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1		1		192.37	192.37	.034	192.37		6.63
OTHER SERVICES/ALL X-OVERS	3		3		27.32	9.11	.103	9.11		.94
@PHARMACY	20		58	\$	10,880.47	\$ 187.59	2.000	\$ 544.02	\$	375.19
PRESCRIPTION DRUGS	20		58		10,880.47	187.59	2.000	544.02		375.19
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	20		58		10,880.47	187.59	2.000	544.02		375.19
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	4		27	\$	1,343.00	\$ 49.74	.931	\$ 335.75	\$	46.31
VISITS - DIAGNOSTIC	2		14		147.00	10.50	.483	73.50		5.07
ORAL SURGERY	1		1		.00	.00	.034	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	1		2		520.00	260.00	.069	520.00		17.93
RESTORATIVE DENTISTRY	2		3		388.00	129.33	.103	194.00		13.38
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1		7		288.00	41.14	.241	288.00		9.93
SPACE MAINTAINERS	0		Ó		.00	.00	.000	.00		.00
~ · · · · · · · · · · · · · · · · ·	O .		9		.00		.000	. 00		

MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

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#CALIF DEPT OF HEALTH SERV MOP024

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR	BCCTP-F	'EDERAL	A:	ID C	ODES OM ON	0P				
		_ 0	20011 1				0228 011 011	M	ONT	HLY AVERA	GE	
29 ELIGIBLES	USERS UNIT	S OF	SERVICE	!	EXPENDITURES	ΔV	ERAGE COST					COST PER
27 111015110	OR OR		OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2		4	\$	90.30	\$.138		45.15		
DIAGNOSTIC AND ANC. PROCED	1		1	Y	47.45	Ÿ	47.45	.034		47.45	Y	1.64
DIAGNOSIIC AND ANC. PROCED	1						14.28	.103		42.85		
EYE APPLIANCES	1		3		42.85							1.48
OTHER OPTOMETRIC SERVICES	U		0	4	.00		.00	.000		.00		.00
@CHIROPRACTOR	1		1	Ş	16.72	\$.034		16.72	Ş	.58
VISITS	1		1		16.72		16.72	.034		16.72		.58
OTHER SERVICES	Ü		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.000	Ş		Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.99		52.50	.069	\$	104.99		3.62
NURSE ANESTHESIST	4		29	\$	463.60		15.99	1.000		115.90	\$	15.99
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	17		83	\$	25.996.53	Ś	313.21	2.862	\$	1529.21	\$	896.43
HOSP INPATIENT TOTAL	3		7		23,350.87		3335.84	.241		7783.62		805.20
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		7		23,350.87 .00 23,350.87 3,452.86		3335.84	.241		7783.62		805.20
ACCOMMODATIONS	3		7		3,452.86		493.27	.241		1150.95		119.06
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		. 00		.00
TRANSITIONAL IP CARE	USERS UNIT OR : 2		0		0.0		0.0	.000		.00 1150.95 6632.67		.00
ALL OTHER ACCOM	3		7		3,452.86		493.27 .00 .00	.241		1150.95		119.06
ANCILLARIES	3		0		19,898.01		.00	.000		6632.67		686.14
INPATIENT CROSSOVERS	0		0		.00		.00	.000		0.0		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		0.0		.00
HOSP OUTPATIENT TOTAL	16		76		2,645.66		34.81	2.621		.00 165.35		91.23
MEDICAL	5		10		221.94		22.19	.345		44.39		7.65
SURGERY	4		4		162.41		40.60	.138		40.60		5.60
PATHOLOGY	6		20		449.09		22.45	.690		74.85		15.49
RADIOLOGY	9		13		983.36		75.64	.448		109.26		33.91
ROOM USE	4		11		628.32		57.12	.379		157.08		21.67
CROSSOVERS/ALL OTH OUTPTNT	5		18		200.54		11.14	.621		40.11		6.92
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000		.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0					.000		.00		
ADMINISTRATIVE DAYS	0		0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000				.00
ALL OTHER ACCOM	0		U		.00		.00	.000		.00		.00
ANCILLARIES	0		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U		U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü		U		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ü		U		.00		.00	.000		.00		.00
MEDICAL	Ü		U		.00		.00	.000		.00		.00
SURGERY	Ü		Ü		.00		.00	.000		.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,499
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-FEDE	RAL	AID CODES OM ON	1 OP		
					MON	THLY AVERAG	E
29 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	83 \$	25,996.53	\$ 313.21	2.862 \$	1529.21	\$ 896.43
COMM HOSP INPATIENT TOTAL	3	7	23,350.87	3335.84	.241	7783.62	805.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	7	23,350.87	3335.84	.241	7783.62	805.20
ACCOMMODATIONS	3	7	3,452.86	493.27	.241	1150.95	119.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	7		3,452.86		493.27	.241		1150.95		119.06
ANCILLARIES	3	0		19,898.01		.00	.000		6632.67		686.14
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	16	76		2,645.66		34.81	2.621		165.35		91.23
MEDICAL		10		221.94		22.19	.345		44.39		7.65
	5										
SURGERY	4	4		162.41		40.60	.138		40.60		5.60
PATHOLOGY	6	20		449.09		22.45	.690		74.85		15.49
RADIOLOGY	9	13		983.36		75.64	.448		109.26		33.91
ROOM USE	4	11		628.32		57.12	.379		157.08		21.67
CROSSOVERS/ALL OTH OUTPTNT	5	18		200.54		11.14	.621		40.11		6.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	τ	.00	τ	.00	.000	~	.00	τ.	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-SUBACUTE HSPTL BASED	0					.00	.000				.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ô	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	8	4		4			4		4	
@LABORATORY FACILITY	4		\$	52.63	\$	6.58	.276	Þ	13.16	Þ	1.81
PATHOLOGY	4	8		52.63		6.58	.276		13.16		1.81
XO AND OTHERS	0	0 7		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	./	\$	1,007.38	\$	143.91	.241	Ş	201.48	\$	34.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	7		1,007.38		143.91	.241		201.48		34.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	ES MONT	TH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 2,500
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICE	CES FOR BCCTP-FI	DERAL	A:	ID CO	DES OM ON	1 OP				
							M	IONTI	HLY AVERA	GE	
29 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
27 111011110	OBLIE	OR DAYS OF CARE		EIII EIIDI I OILE			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	33	\$	744.29	\$	22.55	1.138		124.05		25.67
DURABLE MED. EQUIP.	0	0	Ų	.00	Ą	.00	.000	Ą	.00	Ą	.00
~	0	0					.000				
BLOOD BANK	0	0		.00		.00			.00		.00
HEARING AID DISPENSERS	•	ŭ		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	6		161.13		26.86	.207		161.13		5.56
AMBULANCES/AIR TRANS	1	6		161.13		26.86	.207		161.13		5.56
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	4		52.66		13.17	.138		26.33		1.82
PHYSICAL THERAPIST	3	20		280.50		14.03	.690		93.50		9.67
FILDICAL HIBRAFIDI	J	20		200.50		14.03	.090		93.30		9.01

PORTABLE X-RAY	0	0	.00		.0	00	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	250.00	83.	.1	03	250.00	8.62
PROSTHETICS	1	3	250.00	83.	.1	03	250.00	8.62
ORTHOTICS	0	0	.00		0. 00	0.0	.00	.00
PSYCHOLOGIST	0	0	.00		0. 00	0.0	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		0. 00	0.0	.00	.00
HOSPICE SERVICES	0	0	.00		0. 00	0.0	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.0	0.0	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.0	0.0	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.0	0.0	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.0	0.0	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.0	0.0	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.0	0.0	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.0	00 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.	.0	00 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,501 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV ----- MONTHLY AVERAGE -----19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 77 4.053 \$ 189.57 \$ 259.41 @TOTAL, ALL PROVIDERS 4,928.75 64.01 \$ 75.40 \$ @PHYSICIANS SERVICES 3 3 \$ 226.20 \$ 75.40 .158 \$ 11.91 OUTPATIENT VISITS 1 1 37.50 37.50 .053 37.50 1.97 37.50 37.50 37.50 1.97 OFFICE VISITS .053 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 164.70 OUTPATIENT SURGERY 164.70 .053 164.70 8.67 164.70 164.70 .053 164.70 8.67 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 0 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 .00 .00 .00 **PSYCHIATRY** .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 1 24.00 24.00 .053 24.00 1.26 @PHARMACY 44 3,894.54 88.51 2.316 185.45 204.98 3,894.54 88.51 2.316 185.45 204.98 PRESCRIPTION DRUGS 0 0 .00 .00 .000 .00 .00 SNF/ICF 21 OUTPATIENTS 44 3,894.54 88.51 2.316 185.45 204.98 .00 .00 .000 .00 MEDICAL SUPPLIES 0 0 .00 @DENTIST .00 \$.00 .000 \$.00 \$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MONTH-	OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 2,502
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STATE-ONLY	AID CODES	OR OT OU 0)V		
				-	MONT	HLY AVERAC	SE

							M				
19 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ė	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Ś	.00	.000	Š	.00	\$.00
@TOTAL HOSPITAL	3	10	Š	379.10	Š	37.91	.526	Š	126.37	Š	19.95
HOSP INPATIENT TOTAL	0	0	Υ	.00	τ	.00	.000	Τ.	.00	Ψ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	Ō	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ō	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	10		379.10		37.91	.526		126.37		19.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		55.71		55.71	.053		55.71		2.93
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		224.05		74.68	.158		224.05		11.79
CROSSOVERS/ALL OTH OUTPTNT	3	6		99.34		16.56	.316		33.11		5.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	بخ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DE	C 2003	PAGE 2,503
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-STATE	-ONLY AID CODES	0R 0T 0U	0V		
					MON	THLY AVERAG	
19 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVER	AGE COST	UNITS/DAYS	COST PER	COST PER

19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10 \$	379.10	\$ 37.91	.526 \$	126.37	\$	19.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	10	379.10	37.91	.526	126.37		19.95
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	1	1	55.71	55.71	.053	55.71		2.93
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	1	3	224.05	74.68	.158	224.05		11.79
CROSSOVERS/ALL OTH OUTPTNT	3	6	99.34	16.56	.316	33.11		5.23
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	•	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
ICF DDH	0	0	.00	.00	.000	.00	τ.	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	Ô	0	.00	.00	.000	.00	٧	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	Y	.00
INDEPENDENT FACILITY	0	Ö	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
PATHOLOGY	0	0	.00	.00	.000 \$.00	Y	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
AO AND OTHERS	U	U	.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	1	1 \$	24.72	\$ 24.72	.053 \$	24.72	
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	24.72	24.72	.053	24.72	1.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,504
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STAT	ATE-ONLY AID	CODES OR OT OU	. 0A		
					MONT	THLY AVERA	GE
19 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	19 \$	404.19	\$ 21.27	1.000 \$	50.52	\$ 21.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	19	404.19	21.27	1.000	50.52	21.27
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	24 \$	501.84	\$ 20.91	1.263	\$ 62.73	\$ 26.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,505 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					MON	THLY AVERAG	E
48 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	428 \$	53,356.90	\$ 124.67	8.917 \$	702.06	\$ 1111.60
@PHYSICIANS SERVICES	28	102 \$	7,954.44	\$ 77.98	2.125 \$	284.09	\$ 165.72
OUTPATIENT VISITS	17	18	602.76	33.49	.375	35.46	12.56
OFFICE VISITS	16	17	557.00	32.76	.354	34.81	11.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.021	45.76	.95
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	30	2,547.17	84.91	.625	849.06	53.07
PRINCIPAL SURGEON	2	2	2,091.56	1045.78	.042	1045.78	43.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	28	455.61	16.27	.583	455.61	9.49
OUTPATIENT SURGERY	6	11	1,570.62	142.78	.229	261.77	32.72
PRINCIPAL SURGEON	6	11	1,570.62	142.78	.229	261.77	32.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	26	777.42	29.90	.542	86.38	16.20

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	6	12		2,212.78		184.40	.250		368.80		46.10
PSYCHIATRY	0	12		.00		.00	.000		.00		.00
	1	1		192.37		192.37					4.01
IMMUNIZATION AND INJECTION	1	1					.021		192.37		
OTHER SERVICES/ALL X-OVERS	4	4		51.32		12.83	.083		12.83	_	1.07
@PHARMACY	41	102	\$	14,775.01	\$		2.125	Ş	360.37	Ş	307.81
PRESCRIPTION DRUGS	41	102		14,775.01		144.85	2.125		360.37		307.81
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	41	102		14,775.01		144.85	2.125		360.37		307.81
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	4	27	\$	1,343.00	\$	49.74	.563	\$	335.75	\$	27.98
VISITS - DIAGNOSTIC	2	14	•	147.00	•	10.50	.292	-	73.50		3.06
ORAL SURGERY	1	1		.00		.00	.021		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	2		520.00		260.00	.042		520.00		10.83
RESTORATIVE DENTISTRY	2	3		388.00		129.33	.063		194.00		8.08
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.146		288.00		6.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 2,506
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL MODEE COMMI	CINALIDIT OF CERTIFICATION										01, 10, 01

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

----- MONTHLY AVERAGE -----48 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 90.30 22.58 .083 \$ 45.15 \$ 1.88 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .021 47.45 .99 42.85 42.85 EYE APPLIANCES 14.28 .063 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 @CHIROPRACTOR 16.72 16.72 .021 \$ 16.72 \$.35 VISITS 16.72 16.72 .021 16.72 .35 .00 .00 .00 OTHER SERVICES .000 .00 .000 \$ @PODIATRIST .00 \$.00 .00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 104.99 52.50 .042 \$ 104.99 2.19 NURSE ANESTHESIST 29 463.60 \$ 15.99 .604 \$ 115.90 Ś 9.66 .00 .00 NURSE MIDWIFE .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 0 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 283.61 @TOTAL HOSPITAL 26,375.63 1.938 \$ 1318.78 549.49 7 23,350.87 3335.84 7783.62 486.48 HOSP INPATIENT TOTAL .146 0 .000 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL 23,350.87 3335.84 .146 7783.62 486.48 ACCOMMODATIONS 3,452.86 493.27 1150.95 71.93 .146 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 3,452.86 493.27 .146 1150.95 71.93 19,898.01 6632.67 .000 ANCILLARIES .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 0 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 19 86 3,024.76 35.17 1.792 159.20 63.02 MEDICAL 10 221.94 22.19 .208 44.39 4.62

SURGERY	5	5		218.12	43.62	.104	43.62	4.54
PATHOLOGY	6	20		449.09	22.45	.417	74.85	9.36
RADIOLOGY	9	13		983.36	75.64	.271	109.26	20.49
ROOM USE	5	14		852.37	60.88	.292	170.47	17.76
CROSSOVERS/ALL OTH OUTPTNT	8	24		299.88	12.50	.500	37.49	6.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2003 THRU	DEC 2003	PAGE 2,507
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TC	TAL					
						M	ONTHLY AVERA	GE

						NIHLY AVERA	
48 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	93 \$	26,375.63	\$ 283.61	1.938	•	•
COMM HOSP INPATIENT TOTAL	3	7	23,350.87	3335.84		7783.62	486.48
HSC HOSPITALS	0	0	.00	.00 3335.84	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	7	23,350.87			7783.62	486.48
ACCOMMODATIONS	3	7	3,452.86	493.27	.146	1150.95	71.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	3,452.86	493.27	.146	1150.95	71.93
ANCILLARIES	3	0	19,898.01	.00	.000	6632.67	414.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	86	3,024.76	35.17	1.792	159.20	63.02
MEDICAL	5	10	221.94	22.19	.208	44.39	4.62
SURGERY	5	5	218.12	43.62	.104	43.62	4.54
PATHOLOGY	6	20	449.09	22.45	.417	74.85	9.36
RADIOLOGY	9	13	983.36	75.64	.271	109.26	20.49
ROOM USE	5	14	852.37	60.88	.292	170.47	17.76
CROSSOVERS/ALL OTH OUTPINT	8	24	299.88	12.50	.500	37.49	6.25
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	4	8	\$	52.63	\$	6.58	.167	\$	13.16	\$	1.10
PATHOLOGY	4	8		52.63	3	6.58	.167		13.16		1.10
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,032.10	\$	129.01	.167	\$	172.02	\$	21.50
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		1,032.10)	129.01	.167		172.02		21.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC .	2003	P	AGE 2,508
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-TC	TAL								

----- MONTHLY AVERAGE -----

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	52 \$	1,148.48	\$ 22.09	1.083 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6	161.13	26.86	.125	161.13	3.36
AMBULANCES/AIR TRANS	1	6	161.13	26.86	.125	161.13	3.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.66	13.17	.083	26.33	1.10
PHYSICAL THERAPIST	3	20	280.50	14.03	.417	93.50	5.84
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	250.00	83.33	.063	250.00	5.21
PROSTHETICS	1	3	250.00	83.33	.063	250.00	5.21
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	19	404.19	21.27	.396	50.52	8.42
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		
@XOVER EXCLUDING STATE HOSP**		24 \$	501.84	\$ 20.91	.500 \$	62.73	\$ 10.46

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,509 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

----- MONTHLY AVERAGE -----160 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	17	42	\$ 1,527.41	\$ 36.37	.263	\$ 89.85	\$ 9.55
@PHYSICIANS SERVICES	7	13	\$ 149.67	\$ 11.51	.081	\$ 21.38	\$.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ů.	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ů.	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00			.00	.00
ASSISTANT SURGEON	0	0		.00	.000		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	13	149.67	11.51	.081	21.38	.94
@PHARMACY	0	1 \$	121.00CR	\$ 121.00CR	.006 \$		\$.76CR
PRESCRIPTION DRUGS	0	1	121.00CR		.006	.00	.76CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	1	121.00CR	121.00CR	.006	.00	.76CR
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0					
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 2,510
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	ICES FOR QMB - ONLY		AID CODE	80		
					MONT	HLY AVERAG	E
160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	Ů.	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	-	<u>_</u>				.00	
SURGERY/ANES.	0	0	.00	.00	.000		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	U Ş	.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	U Ş	.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	U \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	9	25 \$	1,453.64	\$ 58.15	.156 \$		\$ 9.09
HOSP INPATIENT TOTAL	1	4	812.00	203.00	.025	812.00	5.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.025	812.00	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	21	641.64	30.55	.131	71.29	4.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0		.00				
PATHOLOGY	0	0		.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	21	641.64	30.55	.131	71.29	4.01
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 2,511
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT I	KEPOKI FOR UAN	2003 IRKU	DEC 2003	01/29/04
			×7	ATD COD	E 00		01/29/04
DEL NORTE COUNTY	SUMMARI OF SERV	/ICES FOR QMB - ONL	ĭ	AID COD			C.E.
160 FLIGTRIFE	HGBDG	IBITEG OF GERMAN		317DD3 GD G0 G		ONTHLY AVERA	
160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'			COST PER
- GOVARDITANI 110 GD TANI ADAM	2	OR DAYS OF CARE	1 452 64	PER UNIT/DA			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	25 \$	1,453.64	\$ 58.15	.156		
COMM HOSP INPATIENT TOTAL	1	4	812.00	203.00	.025	812.00	5.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.025	812.00	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	21	641.64	30.55	.131	71.29	4.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	n	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	21	641.64	30.55	.131	71.29	4.01
@STATE HOSPITAL	0	0 \$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	•	0	.00	.00	.000	.00	
	0	11					.00

@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	ES MON	TH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2	2003	PAGE	2,512
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01	/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR QMB - ON	VLY			AID CODE	80				
							M	ONTHI	LY AVERAC	GE	
160 ELIGIBLES	USERS UNIT	TS OF SERVICE		EXPENDITURES	S AVE	RAGE COST	UNITS/DAY	S CC	OST PER	COST	PER
	OR	DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER	ELIG	IBLE
@ALL OTHER PROVIDERS	2	3	\$	45 10) \$	15 03	019	\$	22 55	\$	28

					MON'	THLY AVERAGE	
160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	45.10	\$ 15.03	.019 \$	22.55 \$.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	45.10	15.03	.019	22.55	.28
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 17 37 \$ 1,648.41 \$ 44.55 .231 \$ 96.97 \$ 10.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,513 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

----- MONTHLY AVERAGE -----583 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 579 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 24 42 20 OUTPATIENT VISITS 28 18 OFFICE VISITS 0 HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT .04 INPATIENT VISITS HOSPITAL VISITS .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE . 00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 INPATIENT HOSPITAL SURGERY .11 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 ANESTHESIOLOGIST .11 OUTPATIENT SURGERY . 48 PRINCIPAL SURGEON .48 .00 ASSISTANT SURGEON ANESTHESIOLOGIST . 00 .00 DIALYSIS PATHOLOGY .00 .07 RADIOLOGY 2 0 0 5 83 83 PSYCHIATRY .00 IMMUNIZATION AND INJECTION 0 .00 7 .29 OTHER SERVICES/ALL X-OVERS @PHARMACY 153 5.92 153 PRESCRIPTION DRUGS 5.92 SNF/ICF 0 Ο .00 153 0 83 5.92 OUTPATIENTS MEDICAL SUPPLIES Ω .00 @DENTIST 2.90 19 VISITS - DIAGNOSTIC .69 ORAL SURGERY .00 0 .00 DRUGS 6 17 (ANESTHESIA .00 PERIODONTICS .00 .73 ENDODONTICS RESTORATIVE DENTISTRY 1.48 PROSTHETICS .00 DENTURES, STAYPLATES .00 .00 SPACE MAINTAINERS MAXILLOFACIAL SERVICES .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES . 00 ALL OTHER SERVICES .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,514
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
DEL NORTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

DEL NORIE COUNTI	SUMMARI OF SERV.	TCES FOR	TOO'S PK	MAADU	AID (CODED 17 14 ON	OP			
							MO	NTHLY AVERA	GE	
583 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2		5	\$	137.75	\$ 27.55	.009	\$ 68.88	\$.24
DIAGNOSTIC AND ANC. PROCED	2		2		94.90	47.45	.003	47.45		.16
EYE APPLIANCES	1		3		42.85	14.28	.005	42.85		.07
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	0		.00			.00	
@HOME HEALTH AGENCY	U			•	.000 \$		\$.00
NURSE ANESTHESIST	2	11 \$	198.80	\$ 18.07	.019 \$	99.40	\$.34
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	27			•			
@TOTAL HOSPITAL		93 \$	7,375.97	\$ 79.31	.160 \$	273.18	
HOSP INPATIENT TOTAL	1	3	4,337.02	1445.67	.005	4337.02	7.44
HSC HOSPITALS	1	1	1,890.00	1890.00	.002	1890.00	3.24
NON-HSC HOSPITAL TOTAL	1	2	2,447.02	1223.51	.003	2447.02	4.20
ACCOMMODATIONS	1	2	1,277.76	638.88	.003	1277.76	2.19
	1	2					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,277.76	638.88	.003	1277.76	2.19
ANCILLARIES	1	0	1,169.26	.00	.000	1169.26	2.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT							.00
HOSP OUTPATIENT TOTAL	26	90	3,038.95	33.77	.154	116.88	5.21
MEDICAL	14	14	762.95	54.50	.024	54.50	1.31
SURGERY	5	8	486.06	60.76	.014	97.21	.83
PATHOLOGY	4	12	105.58	8.80	.021	26.40	.18
RADIOLOGY	8	9	373.20	41.47	.015	46.65	.64
	21	27					
ROOM USE			1,083.50	40.13	.046	51.60	1.86
CROSSOVERS/ALL OTH OUTPTNT	14	20	227.66	11.38	.034	16.26	.39
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	Ū	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	n	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	0	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV N	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 2,515
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
	SUMMARY OF SERVIC	ES FOR 133% PROGRAM	ATD (CODES 72 74 8N	8P		
DEE NORTH COONTI	SOMME OF BEHAVIO	ED TOR 1990 TROGRAM	71110	CODES 72 71 ON	MON'	א מיזינא עי דעי	CE
FOR ELIGIDIES	HOEDG	NIEG OF GERMAGE	EXPENDIBLE	ATTERNACE COCE			
583 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	93 \$	7,375.97	\$ 79.31	.160 \$	273.18	\$ 12.65
COMM HOSP INPATIENT TOTAL	1	3	4,337.02	1445.67	.005	4337.02	7.44
HSC HOSPITALS	1	1	1,890.00	1890.00	.002	1890.00	3.24
NON-HSC HOSPITALS TOTAL	1	2	2,447.02	1223.51	.003	2447.02	4.20
ACCOMMODATIONS	1	2	1,277.76	638.88	.003	1277.76	2.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,277.76	638.88	.003	1277.76	2.19
ANCILLARIES	1	0	1,169.26	.00	.000	1169.26	2.01
		0					
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	()	0.0	. 00	000	0.0	0.0

0

0

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ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	26	90		3,038.95		33.77	.154		116.88		5.21
MEDICAL	14	14		762.95		54.50	.024		54.50		1.31
SURGERY	5	8		486.06		60.76	.014		97.21		.83
PATHOLOGY	4	12		105.58		8.80	.021		26.40		.18
RADIOLOGY	8	9		373.20		41.47	.015		46.65		.64
ROOM USE	21	27		1,083.50		40.13	.046		51.60		1.86
CROSSOVERS/ALL OTH OUTPINT	14	20		227.66		11.38	.034		16.26		.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	8	\$	107.32	\$	13.42	.014	\$	13.42	\$.18
PATHOLOGY	8	8		107.32		13.42	.014		13.42		.18
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	114	146	\$	18,088.17	\$	123.89	.250	\$	158.67	\$	31.03
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	114	146		18,088.17		123.89	.250		158.67		31.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU I	DEC	2003	PA	GE 2,516
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	AID	CODES	72 74 8N	8P				
							MO	TNC	HLY AVERA	GE -	
583 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS		COST PER		OST PER
		OD DYNG OF GY	יזכ		חתם	TTNTT (T) 7 7 7 7	שב דים מים מ		TICED	177	TTOTDIR

					MON	THLY AVERAC	
583 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	79 \$	1,157.14	\$ 14.65	.136 \$	105.19	\$ 1.98
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	141.51	35.38	.007	141.51	.24
AMBULANCES/AIR TRANS	1	4	141.51	35.38	.007	141.51	.24
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.003	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	175.28	43.82	.007	175.28	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	69	823.71	11.94	.118	102.96	1.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 302.61	\$ 75.65	.007	\$ 151.31	\$.52
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,517

01/29/04

FEE-FOR-SERVICE/DENTAL

DET. NODTE COINTE CIIMMARY OF CERVITCES FOR 1000 DECORAM ATD GODEG 7A 7G OD OE

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR 100% PROGRAM	AID (CODES 7A 7C 8R	8T		
					MON'	THLY AVERAG	E
680 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	195	660 \$	43,087.46	\$ 65.28	.971 \$	220.96	\$ 63.36
@PHYSICIANS SERVICES	30	47 \$	1,585.61	\$ 33.74	.069 \$	52.85	\$ 2.33
OUTPATIENT VISITS	17	23	790.27	34.36	.034	46.49	1.16
OFFICE VISITS	17	22	721.92	32.81	.032	42.47	1.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	87.39	87.39	.001	87.39	.13
HOSPITAL VISITS	1	1	87.39	87.39	.001	87.39	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	228.59	76.20	.004	76.20	.34
PRINCIPAL SURGEON	3	3	228.59	76.20	.004	76.20	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	80.01	20.00	.006	20.00	.12
RADIOLOGY	4	5	38.29	7.66	.007	9.57	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	6.55	6.55	.001	6.55	.01
OTHER SERVICES/ALL X-OVERS	7	10	354.51	35.45	.015	50.64	.52
@PHARMACY	102	203 \$	12,265.27	\$ 60.42	.299 \$	120.25	\$ 18.04
PRESCRIPTION DRUGS	102	203	12,265.27	60.42	.299	120.25	18.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	102	203	12,265.27	60.42	.299	120.25	18.04
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	11 \$	301.00	\$ 27.36	.016 \$	75.25	\$.44
VISITS - DIAGNOSTIC	4	8	166.00	20.75	.012	41.50	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3	135.00	45.00	.004	67.50	.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,518
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR 100% PROGRAM	AID CODES	7A 7C 8R	8T		
					MONT	HIV AVERAC	1F

MOPUZ4	FEE-FOR-SERVICE		1000			~~		0-				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	100% PR	LOGRAM	AID (CODES	5 7A 7C 8R		\ X T C C		aп	
680 ELIGIBLES	USERS	INTEG OF	CEDITO	1	EXPENDITURES	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	ERAGE COST	MC				COST PER
080 FTIGIBLES	USEKS	UNITS OF OR DAYS			EXPENDITURES		R UNIT/DAY)	USER		ELIGIBLE
@OPTOMETRIST	4	OR DAIS	15	\$	313.75	\$	20.92	.022	ė.	78.44	بے	.46
	3		3	Ą	142.35	Ą	47.45	.022	Ą	47.45	Ą	.21
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3		12		171.40		14.28	.018		47.45		.21
	4		0					.000				
OTHER OPTOMETRIC SERVICES	0			Ċ	.00 33.44	\$.00 16.72	.003	4	.00 16.72	٠,	.00 .05
@CHIROPRACTOR	2		2 2 0 2	\$	33.44	Þ	16.72	.003	Þ	16.72	Þ	.05
VISITS	2		2									
OTHER SERVICES	0		0	\$.00 190.69	\$.00 95.35	.000	4	.00 190.69	٠,	.00 .28
@PODIATRIST	1		0	Ş		Þ			Þ		Þ	
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	Ţ		2	4	190.69		95.35	.003		190.69		. 28
@HOME HEALTH AGENCY	0		2 0 4 0 0	Ş	.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	Ι		4	Ş	82.87	Ş	20.72	.006		82.87	\$.12
NURSE MIDWIFE	0		0	Ş	.00	Ş	.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0			Ş	.00	Ş	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	Ş	.00	.000		.00		.00
@TOTAL HOSPITAL	33		168	Ş	9,752.88	Ş	58.05	.247	Ş	295.54	\$	14.34
HOSP INPATIENT TOTAL	1		1		4,824.42		4824.42	.001		4824.42		7.09
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		1		4,824.42		4824.42	.001		4824.42		7.09
ACCOMMODATIONS	1		1 0 0 1		2,214.48		2214.48	.001		2214.48		3.26
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		1		2,214.48		2214.48	.001		2214.48		3.26
ANCILLARIES	1		0		2,609.94		.00	.000		2609.94		3.84
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 33		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33		167		4,928.46		29.51	.246		149.35		7.25
MEDICAL	16		31		1,955.34		63.08	.046		122.21		2.88
SURGERY	3		4		263.14		65.79	.006		87.71		. 39
PATHOLOGY	14		48		587.94		12.25	.071		42.00		.86
RADIOLOGY	17		22		617.47		28.07	.032		36.32		.91
ROOM USE	18		28		891.73		31.85	.041		49.54		1.31
CROSSOVERS/ALL OTH OUTPTNT			34		612.84		18.02	.050		43.77		.90
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 2,519
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	7A 7C 8R 87			
					MON	THLY AVERAC	E
680 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST UI	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PER	UNIT/DAY I	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	33	168 \$	9,752.88 \$	58.05	.247 \$	295.54	\$ 14.34

COMM HOSP INPATIENT TOTAL	1	1		4,824.42		4824.42	.001	4824.42		7.09
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	1		4,824.42		4824.42	.001	4824.42		7.09
ACCOMMODATIONS	1	_ 1		2,214.48		2214.48	.001	2214.48		3.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	1								
	1			2,214.48		2214.48	.001	2214.48		3.26
ANCILLARIES	1	0		2,609.94		.00	.000	2609.94		3.84
INPATIENT CROSSOVERS	Ü	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	33	167		4,928.46		29.51	.246	149.35		7.25
MEDICAL	16	31		1,955.34		63.08	.046	122.21		2.88
SURGERY	3	4		263.14		65.79	.006	87.71		.39
PATHOLOGY	14	48		587.94		12.25	.071	42.00		.86
RADIOLOGY	17	22		617.47		28.07	.032	36.32		.91
ROOM USE	18	28		891.73		31.85	.041	49.54		1.31
CROSSOVERS/ALL OTH OUTPTNT		34		612.84		18.02	.050	43.77		.90
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	0	0								
DEVELOP. DISABLED	0		d	.00	à	.00	.000	.00	4	.00
@NURSING FACILITY	U	0	\$.00	\$.00	.000		Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000	.00	•	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	0	0								
HEMODIALYSIS CENTER	0		d	.00	à	.00	.000	.00	4	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	15	43	\$	686.63	\$	15.97	.063		\$	1.01
PATHOLOGY	15	43		686.63		15.97	.063	45.78		1.01
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	99	133	\$	17,224.93	\$	129.51	.196	\$ 173.99	\$	25.33
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	Ö		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	99	133		17,224.93		129.51	.196	173.99		25.33
#CALIF DEPT OF HEALTH SERV			TRES MO	NTH-OF-PAYMENT F	רק∩סק				D	AGE 2,520
MOP024	FEE-FOR-SERVICE		JICES MC	MIII OF FAIMENT I	CEF OICE	. FOR UAIN .	2005 IIIKO D	EC 2003	Ε.	01/29/04
DEL NORTE COUNTY		ICES FOR 100% I		7.10	CODEC	5 7A 7C 8R	OTT			01/29/04
DEL NORIE COUNTY	SUMMARY OF SERV	ICES FOR 100% I	PROGRAM	I AID	CODES	A /C OR		NIMILI IZ NIZOD:		
600 51 5655 56			~=					NTHLY AVERA		
680 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	32	\$	650.39	\$	20.32	.047		\$.96
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	3	16		546.91		34.18	.024	182.30		.80
AMBULANCES/AIR TRANS	3	16		546.91		34.18	.024	182.30		.80
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	Ő	0		.00		.00	.000	.00		.00
ACUPUNCTURE	Õ	0		.00		.00	.000	.00		.00
	•	U		.00		. 0 0	.000	. 50		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	64.60	8.08	.012	16.15	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	38.88	4.86	.012	12.96	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,521 FEE-FOR-SERVICE/DENTAL

01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MONT	THLY AVERAGE	:
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	0	0	\$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 :	3 .00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REPOR	T FOR JAN 20	003 THRU DEC	2003	PAGE 2,522
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT:	IVE ELIGIBILITY-PREGNANT	' AID CODES '	7F 7G		
					MONTHITT	T 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	t En

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 \$.00 \$.00 .000 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST \$.00 \$.00 .000 .00 .00 \$ MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 \$.00 \$.00 .000 .00 \$.00 0 \$ \$ \$ \$.00 .000 .00 \$ NURSE ANESTHESIST .00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL .00 .00 .000 .00 Ś .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 0 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 ANCILLARIES .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL SURGERY 0 0 .00 .00 .000 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .000 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE 0 0 .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES N	MONTH-OF-PAYMENT REE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 2,523
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PRESUMPTIVE	E ELIGIBILITY-PREGNA	ANT AID CODES	7F 7G		

						MON	THLY AVERAG	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00

@REHABILITATION FACILITY	0		0 \$.00	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.00	0	.00	.000		.00		.00
@LABORATORY FACILITY	0		0 \$.00	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	.00	0	.00	.000		.00		.00
XO AND OTHERS	0		0	.00	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0 \$.00	0 \$.00	.000	\$.00	\$.00
CLINIC	0		0	.00	0	.00	.000		.00		.00
SURGICENTER	0		0	.00	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0	.00	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2	003	PAGE	2,524
MOP024	FEE-FOR-SERVICE/	DENTAL								01	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	PRESUMPTIV	VE ELIGIBILITY-PRI	EGNANT	AID CODES	7F 7G				
							M	IONTHL'	Y AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	S AVE	ERAGE COST	UNITS/DAY	S CO	ST PER	COST	Γ PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,525 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	-					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES/ALL X-OVERS	Ü	<u> </u>	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	0				.00	
OUTPATIENTS	Ü	<u> </u>	.00	.00	.000		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	Ū	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	Ô	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ū	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	n	Ô	.00	.00	.000	.00	.00
·	0	0					
SPACE MAINTAINERS	Ū	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	n	.00	.00	.000	.00	.00
	O O	O .					
	^	0	0.0	\cap	$\cap \cap \cap$		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0 MEDI-CAL SERVIC	0 ES AND EXPENDITURES MONTI					.00 PAGE 2,526
ALL OTHER SERVICES	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MONTI					
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONTI /DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC		PAGE 2,526
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MONTI	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H	2003	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONTI /DENTAL ICES FOR MEDI-CAL TUBERO	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONTI	2003 E	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT! /DENTAL ICES FOR MEDI-CAL TUBER(UNITS OF SERVICE	H-OF-PAYMENT RE	PORT FOR JAN 2 AID CODE AVERAGE COST	003 THRU DEC 7H MONTI UNITS/DAYS	2003 F HLY AVERAGE COST PER	PAGE 2,526 01/29/04 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONTI /DENTAL ICES FOR MEDI-CAL TUBERO	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONTI UNITS/DAYS	2003 E	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT! /DENTAL ICES FOR MEDI-CAL TUBER(UNITS OF SERVICE OR DAYS OF CARE	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	003 THRU DEC 7H MONTI UNITS/DAYS (PER ELIG	2003 E HLY AVERAGE COST PER USER	PAGE 2,526 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTED / DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	003 THRU DEC 7H MONTI UNITS/DAYS (PER ELIG .000 \$	2003 F HLY AVERAGE COST PER USER .00 \$	PAGE 2,526 01/29/04 COST PER ELIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTED / DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONTI UNITS/DAYS (PER ELIG .000 \$.000	2003 F HLY AVERAGE COST PER USER .00 \$.00	PAGE 2,526 01/29/04 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTI /DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONTI UNITS/DAYS (PER ELIG .000 \$.000	2003 F HLY AVERAGE COST PER USER .00 \$.00 .00	PAGE 2,526 01/29/04 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTH /DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONTI UNITS/DAYS (PER ELIG .000 \$.000 .000	2003 F HLY AVERAGE COST PER USER .00 \$.00	PAGE 2,526 01/29/04 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTI /DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONTI UNITS/DAYS (PER ELIG .000 \$.000	2003 F HLY AVERAGE COST PER USER .00 \$.00 .00	PAGE 2,526 01/29/04 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONTH /DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONTI UNITS/DAYS (PER ELIG .000 \$.000 .000 .000 .000	2003 F HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 \$	PAGE 2,526 01/29/04
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTHE / DENTAL ICES FOR MEDI-CAL TUBERO	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 F HLY AVERAGE COST PER USER .000 \$.000 .000 \$	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTHE / DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTH UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 F HLY AVERAGE COST PER USER	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTHE / DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTI UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 F HLY AVERAGE COST PER USER .00 \$.00 .00 \$	PAGE 2,526 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTHE / DENTAL ICES FOR MEDI-CAL TUBERO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONTH UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 F HLY AVERAGE COST PER USER	PAGE 2,526 01/29/04

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	Ô	0 \$		\$.00	.000 s		\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO		ORT FOR JAN		C 2003	PAGE 2,527	
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MEDI-CAL TU	BERCULOSIS PROGRAM	AID CODE	7H			
					MON	THLY AVERA	GE	
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	

					MON'I	THLY AVERAG	<u> </u>
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT REE	PORT	FOR JAN 2003	THRU	DEC 2	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDI-C	AL TUBERC	ULOSIS PROGRAM		AID CODE 7H					
							3.0	ONTITUTE T	T. ATTED A	~ E	

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .000 \$ @ALL OTHER PROVIDERS .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 0 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 \$.00 .00 .00 \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,529
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MOI	NTHLY AVERA	GE.	
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	36	185	\$ 11,170.80	\$ 60.38	4.405	\$ 310.30	\$	265.97
@PHYSICIANS SERVICES	5	12	\$ 1,107.01	\$ 92.25	.286	\$ 221.40	\$	26.36
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	1	2	83.57	41.79	.048	83.57		1.99

HOSPITAL VISITS	1	2		83.57		41.79	.048		83.57		1.99
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		544.28		544.28	.024		544.28		12.96
PRINCIPAL SURGEON	1	1		544.28		544.28	.024		544.28		12.96
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	7		417.11		59.59	.167		208.56		9.93
PRINCIPAL SURGEON	1	1		253.16		253.16	.024		253.16		6.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		163.95		27.33	.143		163.95		3.90
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		24.32		24.32	.024		24.32		.58
RADIOLOGY	1	1		37.73		37.73	.024		37.73		.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	6	9	\$	1,327.14	\$	147.46	.214	ċ.		Ś	31.60
PRESCRIPTION DRUGS	6	9	Ą	1,327.14	Ą	147.46	.214	Ą	221.19	Ą	31.60
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6	9		1,327.14		147.46	.214		221.19		31.60
MEDICAL SUPPLIES	0	0				.00	.000		.00		.00
@DENTIST	0	0	۸.	.00	۲.			4		4	
	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPOR'	T FOR JAN 200	3 THRU	DEC	2003	P	AGE 2,530
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R MINOR C	ONSE	NT AID CODES AID	CODE	S 7M 7P 7R 7N	1				

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_	_									
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	17	117	\$	5,618.02	\$	48.02	2.786	\$	330.47	\$	133.76
HOSP INPATIENT TOTAL	1	2		1,914.79		957.40	.048		1914.79		45.59
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		1,914.79		957.40	.048		1914.79		45.59
ACCOMMODATIONS	1	2		473.00		236.50	.048		473.00		11.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	i i	2		473.00		236.50	.048		473.00		11.26
ANCILLARIES	1	0		1,441.79		.00	.000		1441.79		34.33
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	115				32.20	2.738		217.84		
				3,703.23							88.17
MEDICAL	2	2		123.83		61.92	.048		61.92		2.95
SURGERY	2	2		96.87		48.44	.048		48.44		2.31
PATHOLOGY	7	40		532.18		13.30	.952		76.03		12.67
RADIOLOGY	4	4		216.66		54.17	.095		54.17		5.16
ROOM USE	9	15		632.70		42.18	.357		70.30		15.06
CROSSOVERS/ALL OTH OUTPTNT		52		2,100.99		40.40	1.238		191.00		50.02
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Õ	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
RADIOLOGY	U	U				.00					
ROOM USE	U	U		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	~	.00		.00
	MEDI-CAL SERVICE		RES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2003 THRU 1	DEC	2003	P <i>I</i>	AGE 2,531
MOP024	FEE-FOR-SERVICE						_				01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MINOR	CONSEN	T AID CODES AID	CODES	3 7M 7P 7R					
							Mo				
42 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY:				COST PER
		OR DAYS OF CAR	E		PER		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	117	\$	5,618.02	\$	48.02	2.786	\$		\$	133.76
COMM HOSP INPATIENT TOTAL	1	2		1,914.79		957.40	.048		1914.79		45.59

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	117 \$	5,618.02	\$ 48.02	2.786 \$	330.47	\$ 133.76
COMM HOSP INPATIENT TOTAL	1	2	1,914.79	957.40	.048	1914.79	45.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,914.79	957.40	.048	1914.79	45.59
ACCOMMODATIONS	1	2	473.00	236.50	.048	473.00	11.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	473.00	236.50	.048	473.00	11.26
ANCILLARIES	1	0	1,441.79	.00	.000	1441.79	34.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	115	3,703.23	32.20	2.738	217.84	88.17
MEDICAL	2	2	123.83	61.92	.048	61.92	2.95
SURGERY	2	2	96.87	48.44	.048	48.44	2.31
PATHOLOGY	7	40	532.18	13.30	.952	76.03	12.67

RADIOLOGY	4	4		216.66		54.17	.095		54.17		5.16
ROOM USE	9	15		632.70		42.18	.357		70.30		15.06
CROSSOVERS/ALL OTH OUTPINT	' 11	52		2,100.99		40.40	L.238		191.00		50.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	141.49	\$	23.58	.143	\$	47.16	\$	3.37
PATHOLOGY	3	6		141.49		23.58	.143		47.16		3.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	35	\$	2,681.96	\$	76.63	.833	\$	243.81	\$	63.86
CLINIC	7	27		1,383.10		51.23	.643		197.59		32.93
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		1,298.86		162.36	.190		216.48		30.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PI	GE 2,532
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	r aid codes aid c	CODES	7M 7P 7R 7N					

----- MONTHLY AVERAGE -----42 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @ALL OTHER PROVIDERS 4 6 295.18 49.20 .143 \$ 73.80 \$ 7.03 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 135.18 33.80 .095 67.59 3.22 AMBULANCES/AIR TRANS 135.18 33.80 .095 67.59 3.22 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 160.00 80.00 .048 80.00 3.81 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 ORTHOTICS .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 0 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 HOSPICE SERVICES 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,533
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY	SUMMARY OF SERVIO	CES FOR	EDWARDS	CASES	TN PA-FAMILIES	AID CODE	38		,,
222 1.01112 0001111	DOILING OF DERVIE	222 2011		011020		1112 0021	MON	THLY AVERAG	3E
699 ELIGIBLES	USERS (JNITS OF	SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	485		L,839	\$	96,244.74	\$ 52.34	2.631 \$	198.44	\$ 137.69
@PHYSICIANS SERVICES	54		92	\$	2,873.31	\$ 31.23	.132		
OUTPATIENT VISITS	32		37	•	1,380.87	37.32	.053	43.15	1.98
OFFICE VISITS	22		24		768.09	32.00	.034	34.91	1.10
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6		9		476.18	52.91	.013	79.36	.68
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4		4		136.60	34.15	.006	34.15	.20
INPATIENT VISITS	1		1		73.20	73.20	.001	73.20	.10
HOSPITAL VISITS	1		1		73.20	73.20	.001	73.20	.10
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7		10		766.41	76.64	.014	109.49	1.10
PRINCIPAL SURGEON	6		9		558.67	62.07	.013	93.11	.80
ASSISTANT SURGEON	1		1		207.74	207.74	.001	207.74	.30
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	9		18		136.52	7.58	.026	15.17	.20
RADIOLOGY	20		22		435.66	19.80	.031	21.78	.62
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3		4	_	80.65	20.16	.006	26.88	.12
@PHARMACY	252		550	\$	25,462.74	\$ 46.30	.787 \$		
PRESCRIPTION DRUGS	251		548		25,367.34	46.29	.784	101.07	36.29
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	251		548		25,367.34	46.29	.784	101.07	36.29
MEDICAL SUPPLIES	2		2	4	95.40	47.70	.003	47.70	.14
@DENTIST	9		25	\$	1,651.00	\$ 66.04	.036 \$		
VISITS - DIAGNOSTIC	6		15		272.00	18.13	.021	45.33	.39
ORAL SURGERY	2		2 0		130.00	65.00	.003	65.00	.19
DRUGS	0		-		.00	.00	.000	.00	.00
ANESTHESIA	U		0 0		.00	.00	.000	.00	.00
PERIODONTICS	U		0		.00	.00	.000	.00	.00
ENDODONTICS	U		U		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5 0		0		349.00 .00	58.17 .00	.009 .000	69.80 .00	.50 .00
PROSTHETICS	U		U		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1		2		900.00	45	0.00		003	9	00.00		1.29
SPACE MAINTAINERS	0		0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00		000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXP	ENDITURE	ES MON'	TH-OF-PAYMENT RI	EPORT FO	R JAN	2003 T	HRU DI	EC 20	03	PA	GE 2,534
MOP024	FEE-FOR-SERVICE/I	DENTAL											01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVIC	CES FOR	EDWARDS	CASES	IN PA-FAMILIES	AI	D CODE	38					
									MON	THLY	AVERA	GE -	
699 ELIGIBLES	USERS (JNITS OF	SERVICE		EXPENDITURES	AVERAG	E COST	UNITS	/DAYS	COS	T PER	C	OST PER
		OR DAYS	OF CARE			PER UN	IT/DAY	PER	ELIG	U	SER	E	LIGIBLE
@OPTOMETRIST	15		36	\$	908.14	\$ 2	5.23		052	5	60.54	\$	1.30
DIAGNOSTIC AND ANC. PROCED	12		12		544.54	4	5.38		017		45.38		.78
EYE APPLIANCES	9		24		363.60	1	5.15		034		40.40		.52
OTHER OPTOMETRIC SERVICES	0		0		.00		.00		000		.00		.00

@GILLDODD A GEOD	7	15	\$	250.80	\$	16.72	.021	4	35.83	4	26
@CHIROPRACTOR	7		Ą		Ą			\$		\$.36
VISITS	,	15		250.80		16.72	.021		35.83		.36
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$	287.09	\$	57.42	.007	\$	95.70	\$.41
MEDICINE/INJECTIONS	2	3		96.40		32.13	.004		48.20		.14
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ô	0		.00		.00	.000		.00		.00
	1	2		190.69					190.69		
OTHER	1		4		4	95.35	.003			4	. 27
@HOME HEALTH AGENCY	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
NURSE ANESTHESIST	2	4	\$	101.71	\$	25.43	.006	\$	50.86	\$.15
NURSE MIDWIFE	1	3	\$	77.30	\$	25.77	.004	\$	77.30	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	92	448	Ċ	21,549.68	Š	48.10	.641	\$	234.24	\$	30.83
HOSP INPATIENT TOTAL	1		Ÿ	5,561.76	Y	1390.44	.006	Y	5561.76	Ÿ	7.96
		4									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		5,561.76		1390.44	.006		5561.76		7.96
ACCOMMODATIONS	1	4		4,448.72		1112.18	.006		4448.72		6.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		4,448.72		1112.18	.006		4448.72		6.36
	1	0									
ANCILLARIES	<u></u>	-		1,113.04		.00	.000		1113.04		1.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	92	444		15,987.92		36.01	.635		173.78		22.87
MEDICAL	45	65		3,661.17		56.33	.093		81.36		5.24
SURGERY	5	7		380.09		54.30	.010		76.02		.54
PATHOLOGY	35	144		1,836.07		12.75	.206		52.46		2.63
	37	50		4,817.54		96.35	.072		130.20		6.89
RADIOLOGY											
ROOM USE	64	77		2,825.46		36.69	.110		44.15		4.04
CROSSOVERS/ALL OTH OUTPTNT	45	101		2,467.59		24.43	.144		54.84		3.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ô	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	Ü		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PΑ	AGE 2,535
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
DEL NORTE COUNTY			CASI	ES IN PA-FAMILIES		AID CODE	3.8				. , . , .
522 1.01.12 0001.11			01101			1112 0022	M	ОИТ	HLY AVERA	GE -	
699 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/17	ERAGE COST					COST PER
099 EDIGIBLES		ONITS OF SERVICE		EXPENDITORES					USER		
	OSERS	UD DYAG UE GYDE									
OCOMMUNITARY HOCKSTRAT TOTAL		OR DAYS OF CARE	d	01 540 60		R UNIT/DAY					ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	92	448	\$	21,549.68	\$	48.10	.641		234.24		30.83
COMM HOSP INPATIENT TOTAL	92 1	448 4	\$	5,561.76		48.10 1390.44	.641 .006		234.24 5561.76		30.83 7.96
	92	448	\$	•		48.10	.641		234.24		30.83
COMM HOSP INPATIENT TOTAL	92 1	448 4	\$	5,561.76		48.10 1390.44	.641 .006		234.24 5561.76		30.83 7.96
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	92 1 0	448 4 0	\$	5,561.76 .00		48.10 1390.44 .00	.641 .006 .000		234.24 5561.76 .00		30.83 7.96 .00

ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	1	4		4,448.72		1112.18	.00	6	4448.72		6.36
ANCILLARIES	1	0		1,113.04		.00	.00	0	1113.04		1.59
INPATIENT CROSSOVERS	0	0		.00		.00	.00	0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
COMM HOSP OUTPATIENT TOTAL	92	444		15,987.92		36.01	.63	5	173.78		22.87
MEDICAL	45	65		3,661.17		56.33	.09	3	81.36		5.24
SURGERY	5	7		380.09		54.30	.01	0	76.02		.54
PATHOLOGY	35	144		1,836.07		12.75	.20	6	52.46		2.63
RADIOLOGY	37	50		4,817.54		96.35	.07		130.20		6.89
ROOM USE	64	77		2,825.46		36.69	.11		44.15		4.04
CROSSOVERS/ALL OTH OUTPINT	45	101		2,467.59		24.43	.14		54.84		3.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.00		.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	0	Ō	\$.00	\$.00	.00		.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.00		.00	т.	.00
LEV B-REHAB MD	0	Õ		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	Ô			.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	Ö		.00		.00	.00		.00		.00
LEV B-REGULAR	Ô	Ö		.00		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	Ô	Ö	\$.00	\$.00	.00		.00	\$.00
ICF DDH	0	0	Y	.00	Ų	.00	.00		.00	Ÿ	.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.00		.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.00		.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00		.00		.00
@REHABILITATION FACILITY	0	33	\$	780.95	\$	23.67	.04			Ġ	1.12
	2	33	Ą	780.95	Ą	23.67	.04		390.48	Ą	1.12
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.00		.00		.00
	24	68	\$	1,167.00	ċ	17.16		7 \$	48.63	\$	1.67
@LABORATORY FACILITY	24	68	Ą	1,167.00	Ą	17.16	.09		48.63	Ą	1.67
PATHOLOGY	0	0				.00	.00		.00		.00
XO AND OTHERS	225		4	.00	d					4	
@ORGANIZED OUTPATIENT CLINIC		330	\$	37,809.16	\$	114.57		2 \$	168.04	\$	54.09
CLINIC	5 0	15		996.87		66.46	.02		199.37		1.43
SURGICENTER	0	0		.00		.00	.00		.00		.00
HEROIN DETOX CLINIC	-	0		.00		.00	.00		.00		.00
RURAL HEALTH CLINIC	220	315	TO MON	36,812.29	1D0D	116.86	.45	11 DD(167.33	_	52.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES MON	NIH-OF-PAYMENT RE	SPORT	FOR JAN	2003 THR	O DEC	2 2003	Ρ.	AGE 2,536
MOP024	FEE-FOR-SERVICE/DENT			THE DA HAMILIES		ATD CODE					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE		NACATI		aп	
COO ELICIPIES	HCEDG IMIT		,	EADEMDIMIDEC	7, 7, 7, 77				THLY AVERA		
699 ELIGIBLES		rs of service		EXPENDITURES		RAGE COST					COST PER
eall omited providence		DAYS OF CARE		2 225 06		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	42 1	230	\$	3,325.86	\$	14.46		9 \$	79.19	Ş	4.76
DURABLE MED. EQUIP.		2		120.98		60.49	.00		120.98		.17
BLOOD BANK	0	0		.00		.00	.00		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.00		.00		.00
MEDICAL TRANSPORTATION	10	79		1,204.81		15.25	.11		120.48		1.72
AMBULANCES/AIR TRANS	10	79		1,204.81		15.25	.11		120.48		1.72
OTHER TRANS	0	0		.00		.00	.00		.00		.00
OTHER SERVICES	0	0		.00		.00	.00		.00		.00
ACUPUNCTURE	0	0		.00		.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.00		.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.00		105.00		.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.00		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.00	U	.00		.00

12	24		216.59		9.02	.034	18.05		.31
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
2	12		802.19		66.85	.017	401.10		1.15
2	11		713.50		64.86	.016	356.75		1.02
1	1		88.69		88.69	.001	88.69		.13
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
15	111		771.29		6.95	.159	51.42		1.10
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
1	1	\$	33.99	\$	33.99	.001	\$ 33.99	\$.05
0	0	\$.00	\$.00	.000	\$.00	\$.00
	12 0 0 2 2 1 0 0 0 0 15 0 0 0	12	12	0 0 .00 0 0 .00 2 12 802.19 2 11 713.50 1 1 88.69 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 0 .00 2 12 802.19 2 11 713.50 1 1 88.69 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0 0 .00 .00 2 12 802.19 66.85 2 11 713.50 64.86 1 1 88.69 88.69 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 15 111 771.29 6.95 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2 12 802.19 66.85 .017 2 11 713.50 64.86 .016 1 1 88.69 88.69 .001 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 15 111 771.29 6.95 .159 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2 12 802.19 66.85 .017 401.10 2 11 713.50 64.86 .016 356.75 1 1 88.69 88.69 .001 88.69 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 15 111 771.29 6.95 .159 51.42 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00	0 0 .00 </td

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,537 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR SSI APPEAL	I/NLDC IN PA-DISABLE	ID AID CODES OF	MON'	אמשווא אוודי	ਪੁਰਾ
95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_	COST PER	COST PER
30 FILGIPIES	CALCO	OR DAYS OF CARE	EAPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38	104 \$	4,822.64	\$ 46.37	1.095 \$		
@PHYSICIANS SERVICES	50	7 \$	253.25	\$ 36.18	.074 \$		•
OUTPATIENT VISITS	5	6	164.98	27.50	.063	33.00	1.74
OFFICE VISITS	3	4	96.00	24.00	.042	32.00	1.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	2	68.98	34.49	.021	34.49	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	88.27	88.27	.011	88.27	.93
PRINCIPAL SURGEON	1	<u></u>	88.27	88.27	.011	88.27	.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	14	22 \$	2,366.38	\$ 107.56	.232 \$	169.03	\$ 24.91
PRESCRIPTION DRUGS	14	22	2,366.38	107.56	.232	169.03	24.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	22	2,366.38	107.56	.232	169.03	24.91

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	003 THRU DEC	2003	PAGE 2,538
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	SSI APPEA	AL/NLDC IN PA-DISABLED	AID CODES 6N	6P		

DEL NORIE COUNTY	SUMMARY OF SERVI	ICES FOR	SSI APPI	LAL/N	LDC IN PA-DISABLE	ED AI	D CODES OF			HLY AVERA	CE	
95 ELIGIBLES	USERS	UNITS OF	CEDVITCE		EXPENDITURES	7/1/2	DACE COCT	UNITS/DAY		COST PER	œE.	COST PER
30 FILGIBLES	USERS	OR DAYS			EXPENDITURES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	OR DAIS	or care	\$	90.30	\$	22.58	.042		90.30	Ġ	.95
DIAGNOSTIC AND ANC. PROCED	1		1	Ą	47.45	Ą	47.45	.011	Ą	47.45	Ą	.50
EYE APPLIANCES	1		3		42.85		14.28	.032		42.85		.45
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	3		4	\$	66.88	\$	16.72	.042	Ġ	22.29	\$.70
VISITS	3		4	Ą	66.88	Ą	16.72	.042	Ą	22.29	Ą	.70
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	Ś	.00	.000	Ġ	.00	\$.00
MEDICINE/INJECTIONS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	<u>ب</u>	.00	Ģ.	.00	.000	Ģ Y	.00	\$.00
NURSE MIDWIFE	0		0	<u>ب</u>	.00	ن ب	.00	.000	ب	.00	ب	.00
PEDIATRIC NURSE PRACTITIONER	0		0	<u>ن</u> ب	.00	<u>ن</u> ب	.00	.000	بې	.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	<u>ن</u> ب	.00	<u>ن</u> ب	.00	.000	بې	.00	\$.00
@TOTAL HOSPITAL	3		14	Ģ	405.94	\$ \$	29.00	.147	\$	135.31	\$	4.27
HOSP INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Õ		0		.00		.00	.000		.00		.00
ANCILLARIES	Õ		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ö		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		n		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3		14		405.94		29.00	.147		135.31		4.27
MEDICAL	2		2		151.62		75.81	.021		75.81		1.60
SURGERY	1		1		17.33		17.33	.011		17.33		.18
PATHOLOGY	1		4		44.30		11.08	.042		44.30		.47
RADIOLOGY	1		1		43.54		43.54	.011		43.54		.46
ROOM USE	3		3		101.64		33.88	.032		33.88		1.07
CROSSOVERS/ALL OTH OUTPTNT	2		3		47.51		15.84	.032		23.76		.50
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		Õ	~	.00	~	.00	.000	٧	.00	~	.00
HSC HOSPITALS	0		Õ		.00		.00	.000		.00		.00
	•		-							. 3 0		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,539

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR SSI API	PEAL/	NLDC IN PA-DISABL	ED AI	D CODES 61		ONTER!		aп	
OF ELIGIBLES	HOEDO	INITEG OF GEDIATO	-		7/ 7/ 7/ 7/	DAGE GOOM	M	-		ŒE:	COCH DED
95 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER USER		COST PER
ecommunitary itoopitan moani	3	OR DAYS OF CAR		405.04		UNIT/DAY			135.31	۲,	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	14	\$	405.94	\$	29.00	.147	Ş		Þ	4.27
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	14		405.94		29.00	.147		135.31		4.27
MEDICAL	2	2		151.62		75.81	.021		75.81		1.60
SURGERY	1	1		17.33		17.33	.011		17.33		.18
PATHOLOGY	_ 1	4		44.30		11.08	.042		44.30		.47
RADIOLOGY	1	1		43.54		43.54	.011		43.54		.46
ROOM USE	3	3		101.64		33.88	.032		33.88		1.07
CROSSOVERS/ALL OTH OUTPTNT	2	3		47.51		15.84	.032		23.76		.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	ب.	.00
@NURSING FACILITY	0	0	Ą		Ą			Ą		Ą	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	31.83	\$	15.92	.021	\$	31.83	\$.34
PATHOLOGY	1	2		31.83		15.92	.021		31.83		.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	13	\$	1,173.06	\$	90.24	.137	\$	90.24	\$	12.35
CLINIC	0	0	•	.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	13		1,173.06		90.24	.137		90.24		12.35
#CALIF DEPT OF HEALTH SERV			OFC M	IONTH-OF-PAYMENT R	FDORT			חדכ		Е	AGE 2,540
MOP024	FEE-FOR-SERVICE		. (100)	ONIII OF FAIMENT K	.EF OR I	FOR UAN A	2005 11110	DEC	2005		01/29/04
DEL NORTE COUNTY			יאד /	NLDC IN PA-DISABL	דג מש	D CODES 61	M 6D				01/29/04
DEL MOKIE COOMII	NATE TO LAMBINO	TOES FOR SST AP	/עאיי	MINC IN LA-DISABL	א עיייו	יס כשתטט עו	N 6P M	וייידא∩ו	עמשווע עזנ	CF	
OF FITCIBLES	HOEDO	UNITS OF SERVICE		EADENDIMIDEO	7\ \ 7 7 7						
95 ELIGIBLES	USERS			EXPENDITURES		RAGE COST					COST PER
AND OTHER PROVIDERS	7	OR DAYS OF CAR		425 00		UNIT/DAY			USER	۸,	ELIGIBLE
@ALL OTHER PROVIDERS	7	38	\$	435.00	\$	11.45	.400	Ş	62.14	Ş	4.58
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.021	16.64	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	36	418.36	11.62	.379	69.73	4.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	•	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
⇒ # momato th minor time and official		TATE ODMANITON THEM ONT I					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,541
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E	

					MON	ITHLY AVERAGE	
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	53	567 \$	52,526.60	\$ 92.64	14.921	991.07 \$	1382.28
@PHYSICIANS SERVICES	2	11 \$	28.10	\$ 2.55	.289	14.05 \$.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	11		28.10		2.55	.289		14.05		.74
@PHARMACY	48	189	\$	14,068.47	\$	74.44	4.974	\$	293.09	\$	370.22
PRESCRIPTION DRUGS	48	189		14,068.47		74.44	4.974		293.09		370.22
SNF/ICF	16	72		5,084.38		70.62	1.895		317.77		133.80
OUTPATIENTS	32	117		8,984.09		76.79	3.079		280.75		236.42
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU 1	DEC	2003	PI	GE 2,542
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED		AID CO					
							Mo	ONTH	LY AVERA	GE -	

						M	ONT	HLY AVERA	GΕ	
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$	17.70	.079	\$	53.11	\$	1.40
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	53.11		17.70	.079		53.11		1.40
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	4	\$ 55.91	\$	13.98	.105	\$	18.64	\$	1.47
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	3	4	55.91	13.98	.105	18.64	1.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	4	55.91	13.98	.105	18.64	1.47
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,543
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES-	- AGED IN PA-AGED	AID COD	E 1E		
					MON	THLY AVERAG	GE
38 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4 \$	55.91	\$ 13.98	.105 \$	18.64	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL ID CARE	0	0	0.0	0.0	000	0.0	0.0

38 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY:	S	COST PER	COST PER
		OR DAYS OF CAR	C		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$	55.91	\$	13.98	.105	\$	18.64	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4		55.91		13.98	.105		18.64	1.47
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4		55.91		13.98	.105		18.64	1.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	13	350	\$	38,063.23	\$	108.75	9.211	\$	2927.94	\$ 1001.66
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	13	350		38,063.23		108.75	9.211		2927.94	1001.66
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 231.96	\$ 38.66	.158	\$ 46.39	\$ 6.10
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 5 6 231.96 38.66 .158 46.39 6.10 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,544 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

DEL NORTE COUNTT	SOUMANT OF SERVE	CES FOR	CIVALG	-CHCH.	AGED IN FA-AGED	AID CODI	خلہ ن			
							MON	THLY AVERA	GE -	
38 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS	OF CARE	:		PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	4		4	\$	25.82	\$ 6.46	.105 \$	6.46	\$.68
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00		.00
OPTICIAN	0		0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
ORTHOTICS	0		0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1		1		2.76	2.76	.026	2.76		.07
HOSPICE SERVICES	0		0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	3		3		23.06	7.69	.079	7.69		.61
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000 \$.00
@XOVER EXCLUDING STATE HOSP**			19	\$	109.83	\$ 5.78	.500 \$	12.20	\$	2.89
@* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE	DETAIL	LINES	B ABOVE.					
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV			PENDITUR	RES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	EC 2003	PA	GE 2,545
MOP024	FEE-FOR-SERVICE/									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	CRAIG C	ASES-	BLIND IN PA-BLIN	ID AID CODE	E 2E			
							MON			
18 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS	-			PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	28		708	\$	67,044.69	\$ 94.70	39.333	2394.45	\$	3724.71

					MOI	NTHLY AVERA	GE.	
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	28	708	\$ 67,044.69	\$ 94.70	39.333	2394.45	\$	3724.71
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00

EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	Ô		.00	.00	.000		.00		.00
PSYCHIATRY	0	Ô		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	Ô		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000		.00		.00
@PHARMACY	25	202	\$	11,458.21	\$ 56.72	11.222	\$	458.33	Ś	636.57
PRESCRIPTION DRUGS	25	202	٧	11,458.21	56.72	11.222	Ψ	458.33	٧	636.57
SNF/ICF	18	162		8,634.87	53.30	9.000		479.72		479.72
OUTPATIENTS	7	40		2,823.34	70.58	2.222		403.33		156.85
MEDICAL SUPPLIES	ń	0		.00	.00	.000		.00		.00
@DENTIST	1	2	\$	96.00	\$ 48.00	.111	Ġ	96.00	Ġ	5.33
VISITS - DIAGNOSTIC	0	0	٧	.00	.00	.000	Y	.00	٧	.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		96.00	48.00	.111		96.00		5.33
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDVICEC	AND EXDENDIBLE	DEC MC	.00 NTH-OF-PAYMENT REI			DEG		ים	.00 AGE 2,546
MOP024	FEE-FOR-SERVICE/D		NI CTN	NIU-OL-BAIMENI KEE	PORT FOR JAIN	ZUUS IRKU	חהר	∠ ∪∪3	PI	01/29/04
DEL NORTE COUNTY			CVCEC	- BLIND IN PA-BLINI	D AID COI	7E 7E				01/29/04
DEL MOKIE COUNTI	SUMMARI OF SERVIC	ED FUR CRAIG	CASES-	- PUTIND IN AW-RPINI	ע אדא כסו		∩אייייזא	ע מייטעע איי	CE	
10 FITCIDIEC	HCFBC H	NITTO OF CEDITO	Er .	EVDENDITHIDES	ATTEDACE COC	M		ILI AVEKA		

4.0									
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$	14.28	.167	\$	42.85	\$ 2.38
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	1	3	42.85		14.28	.167		42.85	2.38
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	3	3	\$ 10.20	\$	3.40	.167	\$	3.40	\$.57
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	3	3	10.20		3.40	.167		3.40	.57
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	7	\$ 63.38	\$	9.05	.389	\$	31.69	\$ 3.52

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	7	63.38	9.05	.389	31.69	3.52
MEDICAL	2	,	.00			.00	
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0		.00	.000		.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	/	63.38	9.05	.389	31.69	3.52
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 2,547
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV		- BLIND IN PA-BLIN	ND AID COD	E 2E		, , , ,
					MON	THLY AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7 \$	63.38	\$ 9.05	.389 \$		\$ 3.52
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	n	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INVINITIONAL IL CUIC	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$	63.38	\$ 9.05	.389	\$ 31.69	\$ 3.52
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7		63.38	9.05	.389	31.69	3.52
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	7		63.38	9.05	.389	31.69	3.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	472	\$	55,208.73	\$	116.97	26.222	\$	3067.15	\$	3067.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	472		55,208.73		116.97	26.222		3067.15		3067.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MO	NTH-OF-PAYMENT RE	PORT	r for Jan	2003 THRU	DEC	2003	P	AGE 2,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIN	ID	AID COD					
							M	ONT	HLY AVERA	GE	

					MON	THLY AVERAC	3比 ------
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	19 \$	165.32	\$ 8.70	1.056 \$	41.33	\$ 9.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.667	47.37	5.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.667	47.37	5.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	70.58	10.08	.389	35.29	3.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00)	.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00) \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	10	\$	129.3	7 \$	12.94	.556	\$	25.87	\$	7.19
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATIO	N ITEM	IONLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE DETA	IL LIN	IES ABOVE.							
** THESE DATA ARE INCLUDED II	N THE APPROPRIATE	DETAIL LINES	ABOVE								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU I	DEC 2	2003	P.	AGE 2,549
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR CRAI	G CASE	S- DISABLED IN PA	A-DISA	BLED AID C	ODE 6E				
							MO	IHTNC	LY AVERA	GE	
263 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	S AV	ERAGE COST	UNITS/DAYS	S CC	OST PER		COST PER
		OR DAYS OF C	ARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	275	6,170	\$	178,277.23	l \$	28.89	23.460	\$	648.28	\$	677.86
@PHYSICIANS SERVICES	39	75	\$	1,825.62	2 \$	24.34	.285	\$	46.81	\$	6.94
OUTPATIENT VISITS	16	21		739.53	3	35.22	.080		46.22		2.81
OFFICE VISITS	15	18		596.58	3	33.14	.068		39.77		2.27

HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	1	2		112.95	56.48	.008		112.95		.43
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	1	1		30.00	30.00	.004		30.00		.11
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		167.18	41.80	.015		41.80		.64
EXAMINATIONS	4	4		167.18	41.80	.015		41.80		.64
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	4	5		333.50	66.70	.019		83.38		1.27
PRINCIPAL SURGEON	4	5		333.50	66.70	.019		83.38		1.27
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	7	12		138.80	11.57	.046		19.83		.53
RADIOLOGY	2	2		137.56	68.78	.008		68.78		.52
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	2		93.75	46.88	.008		93.75		.36
OTHER SERVICES/ALL X-OVERS	15	29		215.30	7.42	.110		14.35		.82
@PHARMACY	229	3,964	\$		\$ 25.07	15.072	Ś	434.01	\$ 3	77.90
PRESCRIPTION DRUGS	228	1,007	Y	97,605.96	96.93	3.829	Y	428.10		71.13
SNF/ICF	18	216		14,738.55	68.23	.821		818.81		56.04
OUTPATIENTS	210	791		82,867.41	104.76	3.008		394.61		15.09
MEDICAL SUPPLIES	8	2,957		1,782.75	.60	11.243		222.84	٥.	6.78
@DENTIST	6	17	\$		\$ 79.90	.065	\$	226.40	\$	5.16
VISITS - DIAGNOSTIC	3	9	Ÿ	159.00	17.67	.034	Ÿ	53.00	Ÿ	.60
ORAL SURGERY	2	2		103.37	51.69	.008		51.69		.39
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	2	6		1,096.00	182.67	.023		548.00		4.17
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ווספים אוי				חפת		D ז כן די	2,550
MOP024		FVERNDII	M CINU	ONIA-OF-PAIMENI REPO	JKI FUK JAN	ZUUS IHKU	DEC	4003		2,550 1/29/04
DEL NORTE COUNTY	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR	O CDATC	CVCEC	ר ער עד הבומנטער – די הבי	י מדע משומעט	מחסי פי			U.	1/23/04
DEL MOKIE COONII	DI CENTRAL OF DERVICES FUL	DIAMO /	CHOFO.	- DISADDED IN BA-DI	OMDUED AID (M∪NIm.	HLY AVERA	CE	
							T VIOIN I.	LLLI AVERA	u	

----- MONTHLY AVERAGE -----263 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 21 460.54 21.93 .080 \$ 51.17 \$ 1.75 164.94 DIAGNOSTIC AND ANC. PROCED 4 4 41.24 .015 41.24 .63 EYE APPLIANCES 17 295.60 17.39 .065 42.23 1.12 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 0 \$.00 .00 .000 \$.00 \$.00 @PODIATRIST \$

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00		.000 \$.00	
NURSE MIDWIFE	0	0 \$.00		.000 \$.00	•
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000 \$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00		.000 \$		•
@TOTAL HOSPITAL	48	147 \$	4,758.91		.559 \$		
	1	0					
HOSP INPATIENT TOTAL	1	-	840.00	.00	.000	840.00	3.19
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	1	0	840.00	.00	.000	840.00	3.19
ALL OTHER INDATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	147	3,918.91	26.66	.559	83.38	14.90
MEDICAL	9	9	605.43	67.27	.034	67.27	2.30
	0	0	.00	.00	.000	.00	.00
SURGERY	19	_					
PATHOLOGY		73	878.92	12.04	. 278	46.26	3.34
RADIOLOGY	11	16	1,500.54	93.78 33.37	.061	136.41	5.71
ROOM USE	10	11	367.07		.042	36.71	1.40
CROSSOVERS/ALL OTH OUTPTNT		38	566.95	14.92	.144	27.00	2.16
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00		.000	.00	
	0	0		.00	.000		
INPATIENT CROSSOVERS	0	0	.00			.00	
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M		EPORT FOR JAN	2003 THRU DE		
MOP024	FEE-FOR-SERVICE						01/29/04
		ICES FOR CRAIG CASES	S- DISABLED IN DA-	DISABLED ATD C	ODE 6E		01,25,01
222 NORTH COOMIT	SOLUTION OF DERLY	TOTO TOTE CHOICE	, DIGITUD IN FA		MON'	τηιν δίποδ	GE
263 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
703 FIIGIDIES	CALCO	OR DAYS OF CARE	EVERNDIIOKES	PER UNIT/DAY			
OCOMMUNITARY HOODITERS HORRIS	4.0	OR DAYS OF CARE	4 750 01	PER UNIT/DAY			ELTGIBLE

@COMMUNITY HOSPITAL TOTAL 147 4,758.91 32.37 .559 \$ 99.14 \$ 18.09 48 COMM HOSP INPATIENT TOTAL 1 0 840.00 .00 .000 840.00 3.19 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 ALL OTHER ACCOM 0 .000 0 0 .00 .00 .000 .00 .00 ANCILLARIES

INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		3.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	47	147		3,918.91		26.66	.559		83.38		14.90
MEDICAL	9	9		605.43		67.27	.034		67.27		2.30
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	19	73		878.92		12.04	.278		46.26		3.34
RADIOLOGY	11	16		1,500.54		93.78	.061		136.41		5.71
ROOM USE	10	11		367.07		33.37	.042		36.71		1.40
CROSSOVERS/ALL OTH OUTPTNT	21	38		566.95		14.92	.144		27.00		2.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	490	\$	60,025.11	\$	122.50	1.863	\$	3751.57	\$	228.23
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	490		60,025.11		122.50	1.863		3751.57		228.23
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	34	\$	642.92	\$	18.91	.129	\$	80.37	\$	2.44
PATHOLOGY	8	34		642.92		18.91	.129		80.37		2.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	67	91	\$	7,084.15	\$	77.85	.346	\$	105.73	\$	26.94
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	67	91		7,084.15		77.85	.346		105.73		26.94
	MEDI-CAL SERVICES AND EX	KPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 200	3 THRU	DEC	2003	PI	AGE 2,552
	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- DISABLED IN PA-I)ISABI	LED AID CODE		# O N T C	ת מתונה א זוו	α.	

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	1,331 \$	2,732.88	\$ 2.05	5.061 \$		_
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	82	732.67	8.94	.312	104.67	2.79
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.023	135.95	.52
OTHER TRANS	6	76	596.72	7.85	.289	99.45	2.27
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	17	187.49	11.03	.065	23.44	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	112	1,050.23	9.38	.426	105.02	3.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	1,120	762.49	.68	4.259	58.65	2.90
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	35	68	\$ 4,325.27	\$ 63.61	.259	\$ 123.58	\$ 16.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,553

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

					MONT	THLY AVERA	GE
319 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	356	7,445 \$	297,848.50	\$ 40.01	23.339 \$	836.65	\$ 933.69
@PHYSICIANS SERVICES	41	86 \$	1,853.72	\$ 21.55	.270 \$	45.21	\$ 5.81
OUTPATIENT VISITS	16	21	739.53	35.22	.066	46.22	2.32
OFFICE VISITS	15	18	596.58	33.14	.056	39.77	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.006	112.95	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.003	30.00	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	167.18	41.80	.013	41.80	.52
EXAMINATIONS	4	4	167.18	41.80	.013	41.80	.52
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	5	333.50	66.70	.016	83.38	1.05
PRINCIPAL SURGEON	4	5	333.50	66.70	.016	83.38	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	12	138.80	11.57	.038	19.83	.44
RADIOLOGY	2	2	137.56	68.78	.006	68.78	.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	93.75	46.88	.006	93.75	.29
OTHER SERVICES/ALL X-OVERS	17	40	243.40	6.09	.125	14.32	.76
@PHARMACY	302	4,355 \$	124,915.39	\$ 28.68	13.652 \$	413.63	\$ 391.58
PRESCRIPTION DRUGS	301	1,398	123,132.64	88.08	4.382	409.08	386.00
SNF/ICF	52	450	28,457.80	63.24	1.411	547.27	89.21
OUTPATIENTS	249	948	94,674.84	99.87	2.972	380.22	296.79
MEDICAL SUPPLIES	8	2,957	1,782.75	.60	9.270	222.84	5.59
@DENTIST	7	19 \$	1,454.37	\$ 76.55	.060 \$	207.77	\$ 4.56
VISITS - DIAGNOSTIC	3	9	159.00	17.67	.028	53.00	.50
ORAL SURGERY	2	2	103.37	51.69	.006	51.69	.32

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.006	96.00	.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	1,096.00	182.67	.019	548.00	3.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 2,554
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR CRAIG CASE	S- TOTAL IN PA-TOTAL				

319 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST P			OST PER LIGIBLE
@OPTOMETRIST	11	27	\$	556.50		20.61	.085	\$ 50.	59	\$	1.74
DIAGNOSTIC AND ANC. PROCED	4	4		164.94		41.24	.013	41.			.52
EYE APPLIANCES	9	23		391.56	5	17.02	.072	43.			1.23
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		00		.00
@CHIROPRACTOR	0	0	\$.00		.00	.000			\$.00
VISITS	Ô	0	٧	.00		.00	.000		00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		00		.00
@PODIATRIST	3	3	\$	10.20		3.40	.009			\$.03
MEDICINE/INJECTIONS)	0	٧	.00		.00	.000		00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		00		.00
OTHER	3	3		10.20		3.40	.009	3.			.03
@HOME HEALTH AGENCY	0	0	ċ.	.00		.00				\$.00
	0	0	\$.00				-		۶ \$.00
NURSE ANESTHESIST	0	0	\$.00		•		۶ \$	
NURSE MIDWIFE	0	0	ې د	.00		.00	.000	-			.00
PEDIATRIC NURSE PRACTITIONER	0		\$.00		.00	.000	•		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000			\$.00
@TOTAL HOSPITAL	53	158	\$	4,878.20		30.87		\$ 92.		\$	15.29
HOSP INPATIENT TOTAL	1	0		840.00		.00	.000	840.			2.63
HSC HOSPITALS	0	0		.00		.00	.000		00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00
ANCILLARIES	0	0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	1	0		840.00)	.00	.000	840.	00		2.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
HOSP OUTPATIENT TOTAL	52	158		4,038.20)	25.56	.495	77.			12.66
MEDICAL	9	9		605.43	3	67.27	.028	67.	27		1.90
SURGERY	0	0		.00)	.00	.000		00		.00
PATHOLOGY	19	73		878.92	2	12.04	.229	46.	26		2.76
RADIOLOGY	11	16		1,500.54	4	93.78	.050	136.	41		4.70
ROOM USE	10	11		367.07	7	33.37	.034	36.	71		1.15
CROSSOVERS/ALL OTH OUTPTNT	26	49		686.24	4	14.00	.154	26.	39		2.15
@COUNTY HOSPITAL TOTAL	0	0	\$.00	3 \$.00	.000	\$.	00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00)	.00	.000		00		.00
HSC HOSPITALS	0	0		.00)	.00	.000		00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000		00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000		00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000		00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00)	.00	.000		00		.00
ANCILLARIES	0	0		.00)	.00	.000		00		.00
INPATIENT CROSSOVERS	0	0		.00)	.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00)	.00	.000		00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		00		.00
MEDICAL	0	0		.00		.00	.000		00		.00
SURGERY	Ô	Ô		.00		.00	.000		00		.00
PATHOLOGY	0	0		.00		.00	.000		00		.00
RADIOLOGY	0	0		.00		.00	.000		00		.00
ROOM USE	0	0		.00		.00	.000		00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•	FC MONTU						00	D7	GE 2,555
MOP024	FEE-FOR-SERVICE/DE		CES PIONIE	Or -FAIRENI	VELOKI	I OK UAN 2	TOOS TIMO L	EC 2003		r A	01/29/04
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DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			DFD	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	158	\$	4,878.20	\$	30.87	.495		92.04		15.29
COMM HOSP INPATIENT TOTAL	1	0	Y	840.00	۲	.00	.000	Y	840.00	٧	2.63
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		2.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	52	158		4,038.20		25.56	.495		77.66		12.66
MEDICAL	9	9		605.43		67.27	.028		67.27		1.90
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	19	73		878.92		12.04	.229		46.26		2.76
RADIOLOGY	11	16		1,500.54		93.78	.050		136.41		4.70
ROOM USE	10	11		367.07		33.37	.034		36.71		1.15
CROSSOVERS/ALL OTH OUTPTNT	26	49		686.24		14.00	.154		26.39		2.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	47	1,312	\$	153,297.07	\$	116.84	4.113	\$	3261.64	\$	480.56
LEV A-INTERMEDIATE	0	_,	т	.00	-	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	47	1,312		153,297.07		116.84	4.113		3261.64		480.56
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	34	\$	642.92	\$	18.91	.107	\$	80.37	\$	2.02
PATHOLOGY	8	34		642.92		18.91	.107		80.37		2.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	97	\$	7,316.11	\$	75.42	.304	\$	101.61	\$	22.93
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	72	97		7,316.11		75.42	.304		101.61		22.93
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 2,556
MOP024	FEE-FOR-SERVICE										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	S- TOTAL IN PA-TOTA	AL						
							M				
319 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
CALL OFFIED DROUTDEDG	1.0	OR DAYS OF CARE		0.004.00		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	46	•	\$	2,924.02	\$	2.16	4.245	Ş	63.57	Ş	9.17
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	9	94		827.41		8.80	.295		91.93		2.59
AMBULANCES/AIR TRANS	1	6		135.95		22.66	.019		135.95		.43
OTHER TRANS	8	88		691.46		7.86	.276		86.43		2.17

OTHER SERVICES	0	0	.00	.0	0.000	.00	.00
ACUPUNCTURE	0	0	.00	.0	0.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	0 .000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0.000	.00	.00
OPTICIAN	10	24	258.07	10.7	5 .075	25.81	.81
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.0	0.000	.00	.00
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
ORTHOTICS	0	0	.00	.0	0.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	2.76	2.7	6 .003	2.76	.01
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	10	112	1,050.23	9.3	8 .351	105.02	3.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0.000	.00	.00
ALL OTHER PROVIDERS	16	1,123	785.55	.7	0 3.520	49.10	2.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	0.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	49	97	\$ 4,564.47	\$ 47.0	6 .304	\$ 93.15	\$ 14.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,557 01/29/04

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90,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	51,358	•	\$ 26,059,147.78	\$ 35.85	8.027 \$		\$ 287.77
@PHYSICIANS SERVICES	8,102	21,880	\$ 867,656.01		.242 \$		
OUTPATIENT VISITS	3,373	4,645	165,637.24	35.66	.051	49.11	1.83
OFFICE VISITS	3,011	4,053	138,412.42	34.15	.045	45.97	1.53
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	263	306	16,315.80	53.32	.003	62.04	.18
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	59	169	6,574.18	38.90	.002	111.43	.07
OTHER OUTPATIENT	106	115	4,252.52	36.98	.001	40.12	.05
INPATIENT VISITS	337	1,115	63,531.90	56.98	.012	188.52	.70
HOSPITAL VISITS	311	928	45,020.56	48.51	.010	144.76	.50
CRITICAL CARE	39	165	17,677.36	107.14	.002	453.27	.20
SNF/ICF/TRANS IP CARE	17	22	833.98	37.91	.000	49.06	.01
OPHTHALMOLOGICAL SERVICES	210	246	10,283.39	41.80	.003	48.97	.11
EXAMINATIONS	210	246	10,283.39	41.80	.003	48.97	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	298	1,149	148,319.22	129.09	.013	497.72	1.64
PRINCIPAL SURGEON	246	333	127,922.51	384.15	.004	520.01	1.41
ASSISTANT SURGEON	22	22	4,408.08	200.37	.000	200.37	.05
ANESTHESIOLOGIST	53	794	15,988.63	20.14	.009	301.67	.18
OUTPATIENT SURGERY	950	1,824	205,262.65	112.53	.020	216.07	2.27
PRINCIPAL SURGEON	913	1,311	195,254.53	148.94	.014	213.86	2.16
ASSISTANT SURGEON	3	3	442.60	147.53	.000	147.53	.00
ANESTHESIOLOGIST	55	510	9,565.52	18.76	.006	173.92	.11
DIALYSIS	22	47	5,302.98	112.83	.001	241.04	.06
PATHOLOGY	820	1,577	28,644.31	18.16	.017	34.93	.32
RADIOLOGY	1,789	2,601	77,962.75	29.97	.029	43.58	.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	100	201	17,958.64	89.35	.002	179.59	.20
OTHER SERVICES/ALL X-OVERS	2,952	8,475	144,752.93	17.08	.094	49.04	1.60
@PHARMACY	34,159	312,524 \$	10,436,188.34		3.451 \$	305.52	
PRESCRIPTION DRUGS	33,885	117,096	10,231,206.94	87.37	1.293	301.94	112.98
SNF/ICF	729	4,675	253,640.10	54.25	.052	347.93	2.80
OUTPATIENTS	33,177	112,421	9,977,566.84	88.75	1.241	300.74	110.18
MEDICAL SUPPLIES	1,782	195,428	204,981.40	1.05	2.158	115.03	2.26
@DENTIST	1,190	6,294 \$	283,735.29	\$ 45.08	.070 \$	238.43	
VISITS - DIAGNOSTIC	867	3,060	47,865.20	15.64	.034	55.21	.53
ORAL SURGERY	262	1,552	91,518.37	58.97	.017	349.31	1.01
DRUGS	10	13	200.00	15.38	.000	20.00	.00
ANESTHESIA	89	93	8,800.00	94.62	.001	98.88	.10
PERIODONTICS	19	20	1,696.00	84.80	.000	89.26	.02
ENDODONTICS	70	146	12,378.00	84.78	.002	176.83	.14
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	364	1,092	59,596.00	54.58	.012	163.73	.66
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.00
DENTURES, STAYPLATES	121	240	60,011.15	250.05	.003	495.96	.66
SPACE MAINTAINERS	4 121 1 10	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES		10	500.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	13	16	1,005.57	62.85	.000	77.35	.01
ALL OTHER SERVICES	41	47	75.00	1.60	.001	1.83	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 2,558
MOP024 F	FEE-FOR-SERVICE	I/DENTAL					01/29/04
DEL NORTE COUNTY S	SUMMARY OF SERV	ICES FOR TOTAL CERTING	FIED				
00 554					MONT		
90,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
CODMONTED TOM	1 520	OR DAYS OF CARE	105 140 25	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,738	4,522 \$	105,148.35	\$ 23.25	.050 \$	60.50	
DIAGNOSTIC AND ANC. PROCED	1,082	1,094	49,500.62	45.25	.012	45.75	.55
EYE APPLIANCES	1,268	3,395	53,866.41	15.87	.037	42.48	.59
OTHER OPTOMETRIC SERVICES	43	33	1,781.32	53.98	.000	41.43	.02
@CHIROPRACTOR	61/	1,189 \$		\$ 16.37	.013 \$	31.55	
VISITS	58/	1,139	18,868.52	16.57	.013	32.14	.21
OTHER SERVICES	30	50	595.06	11.90	.001	19.84	.01
@PODIATRIST	460	723 \$	18,698.11	\$ 25.86	.008 \$	40.65	
MEDICINE/INJECTIONS	233	275	7,730.07	28.11	.003	33.18	.09
SURGERY/ANES.	8	11	1,702.16	154.74	.000	212.77	.02
RADIO./PATHOLOGY	34	58	989.54	17.06	.001	29.10	.01
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	228	379	8,276.34	21.84	.004	36.30	.09
@HOME HEALTH AGENCY	139	878 \$	57,156.17	\$ 65.10	.010 \$	411.20	
NURSE ANESTHESIST	546	2,882 \$	52,640.19	\$ 18.27	.032 \$	96.41	
NURSE MIDWIFE	193	398 \$	69,922.81	\$ 175.69	.004 \$	362.29	\$.77
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	0 11,452	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	11,452	60,784 \$	6,944,306.38	\$ 114.25	.671 \$	606.38	
HOSP INPATIENT TOTAL	889	3,663	5,192,444.62	1417.54	.040	5840.77	57.34
HSC HOSPITALS	44	304	452,879.03	1489.73		10292.71	5.00
NON-HSC HOSPITAL TOTAL	59/	2,511	4,539,636.37	1807.90	.028	7604.08	50.13
ACCOMMODATIONS	596	2,511 92	1,773,649.77	706.35 231.30	.028	2975.92 886.65	19.59 .23
ADMINISTRATIVE DAYS	889 44 597 596 24 0 585 597		21,279.60		.001		
TRANSITIONAL IP CARE	U F0F	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	585 507	2,419	1,752,370.17	724.42	.027	2995.50	19.35 30.55
ANCILLARIES	59 / 25 2	0	2,765,986.60	.00	.000	4633.14	30.55
TNDATTENT CDACCOVEDC							

2.21

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4,268

1,002

3,842

848

57,121

6,211

1,284

16,490

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

RADIOLOGY	3,841	5,393	349,619.57	64.83	.060	91.02	3.86
ROOM USE	5,506	8,284	318,427.62	38.44	.091	57.83	3.52
CROSSOVERS/ALL OTH OUTPINT	6,010	19,459	443,326.24	22.78	.215	73.76	4.90
@COUNTY HOSPITAL TOTAL	19	82	\$ 14,474.68	\$ 176.52	.001	\$ 761.83	\$.16
CO HOSPITAL INPATIENT TOTAL	5	13	12,466.01	958.92	.000	2493.20	.14
HSC HOSPITALS	4	10	11,626.01	1162.60	.000	2906.50	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.000	840.00	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	69	2,008.67	29.11	.001	133.91	.02
MEDICAL	2	3	128.95	42.98	.000	64.48	.00

SURGERY	1	1		5.81		5.81	.000	5.81		.00
PATHOLOGY	4	24		328.16		13.67	.000	82.04		.00
RADIOLOGY	1	3		382.52		127.51	.000	382.52		.00
ROOM USE	7	12		435.33		36.28	.000	62.19		.00
CROSSOVERS/ALL OTH OUTPTNT	10	26		727.90		28.00	.000	72.79		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M		EPOR	T FOR JAN 2	2003 THRU	DEC 2003	P.	AGE 2,559
MOP024	FEE-FOR-SERVICE		-		_					01/29/04
DEL NORTE COUNTY	SUMMARY OF SERV		ERTI	FIED						
							M	ONTHLY AVERA	GE	
90,554 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
,		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,440	60,702	\$	6,929,831.70	\$	114.16	.670	\$ 605.75	\$	76.53
COMM HOSP INPATIENT TOTAL	885	3,650	•	5,179,978.61	•	1419.17	.040	5853.08	•	57.20
HSC HOSPITALS	40	294		441,253.02		1500.86	.003	11031.33		4.87
NON-HSC HOSPITALS TOTAL	597	2,511		4,539,636.37		1807.90	.028	7604.08		50.13
ACCOMMODATIONS	596	2,511		1,773,649.77		706.35	.028	2975.92		19.59
ADMINISTRATIVE DAYS	24	92		21,279.60		231.30	.001	886.65		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	585	2,419		1,752,370.17		724.42	.027	2995.50		19.35
ANCILLARIES	597	_,		2,765,986.60		.00	.000	4633.14		30.55
INPATIENT CROSSOVERS	251	845		199,089.22		235.61	.009	793.18		2.20
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11,087	57,052		1,749,853.09		30.67	.630	157.83		19.32
MEDICAL	4,266	6,208		363,612.27		58.57	.069	85.23		4.02
SURGERY	1,002	1,283		71,340.22		55.60	.014	71.20		.79
PATHOLOGY	3,839	16,466		205,072.92		12.45	.182	53.42		2.26
RADIOLOGY	3,841	5,390		349,237.05		64.79	.060	90.92		3.86
ROOM USE	5,501	8,272		317,992.29		38.44	.091	57.81		3.51
CROSSOVERS/ALL OTH OUTPTNT	6,002	19,433		442,598.34		22.78	.215	73.74		4.89
@STATE HOSPITAL	7	285	\$	139,288.43	\$	488.73	.003	\$ 19898.35	\$	1.54
MENTALLY ILL	0	0	т.	.00	-	.00	.000	.00	т	.00
DEVELOP. DISABLED	7	285		139,288.43		488.73	.003	19898.35		1.54
@NURSING FACILITY	663	19,112	\$	2,093,501.25	Ś	109.54	.211	\$ 3157.62	\$	23.12
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	.00	τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	ĺ	40		22,126.00		553.15	.000	22126.00		.24
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	662	19,072		2,071,375.25		108.61	.211	3128.97		22.87
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т.	.00	-	.00	.000	.00	т	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	66	1,988	\$	83,756.51	\$	42.13	.022		\$.92
HOSPITAL BASED	0	0	Ψ	.00	Υ	.00	.000	.00	τ.	.00
HEMODIALYSIS CENTER	66	1,988		83,756.51		42.13	.022	1269.04		.92
@REHABILITATION FACILITY	76	576	\$	14,773.67	\$	25.65	.006	\$ 194.39	\$.16
HOSPITAL BASED	76	576	Υ	14,773.67	~	25.65	.006	194.39	~	.16
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	3,604	11,700	\$	174,157.23	\$	14.89	.129	\$ 48.32	\$	1.92
PATHOLOGY	3,595	11,679	٧	173,995.75	٧	14.90	.129	48.40	4	1.92
XO AND OTHERS	9	21		161.48		7.69	.000	17.94		.00
@ORGANIZED OUTPATIENT CLINIC	23,118	35,928	\$	3,722,172.74	\$	103.60	.397	\$ 161.01	\$	41.10
GOLGIANIA COLLINIC	25,110	33,320	Y	16 001 51	Y	42.50	. 557	174 00	Y	11.10

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024

HEROIN DETOX CLINIC

CLINIC

SURGICENTER

DEL NORTE COUNTY

23,050 35,559 3,706,176.23 104.23 .393 160.79 40.93 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,560 FEE-FOR-SERVICE/DENTAL 01/29/04

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SUMMARY OF SERVICES FOR TOTAL CERTIFIED

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90,554 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,062	245,220	\$	976,582.72	\$ 3.98	2.708	\$ 161.10	\$ 10.78
DURABLE MED. EQUIP.	368	949	•	183,714.52	193.59	.010	499.22	2.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	13		2,502.90	192.53	.000	278.10	.03
MEDICAL TRANSPORTATION	1,044	110,458		387,375.10	3.51	1.220	371.05	4.28
AMBULANCES/AIR TRANS	838	15,028		179,804.40	11.96	.166	214.56	1.99
OTHER TRANS	154	94,779		143,901.35	1.52	1.047	934.42	1.59
OTHER SERVICES	103	651		63,669.35	97.80	.007	618.15	.70
ACUPUNCTURE	2	3		70.28	23.43	.000	35.14	.00
ADULT DAY HEALTH CARE CTR	12	251		17,386.21	69.27	.003	1448.85	.19
GENETIC DISEASE TESTING	162	162		16,802.50	103.72	.002	103.72	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	12	59		9,419.59	159.65	.001	784.97	.10
OCCUPATIONAL THERAPIST	8	74		1,135.60	15.35	.001	141.95	.01
OPTICIAN	1,380	3,065		35,555.26	11.60	.034	25.76	.39
PHYSICAL THERAPIST	367	2,935		46,138.21	15.72	.032	125.72	.51
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	74	205		24,348.13	118.77	.002	329.03	.27
PROSTHETICS	74	204		24,259.44	118.92	.002	327.83	.27
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	124	258		18,822.09	72.95	.003	151.79	.21
HOSPICE SERVICES	0	0		557.13	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,170	14,537		124,547.83	8.57	.161	106.45	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,654	112,251		108,207.37	.96	1.240	65.42	1.19
@CALIF. CHILDREN SERVICES*	259	6,088	\$	526,501.37		.067	\$ 2032.82	\$ 5.81
@XOVER EXCLUDING STATE HOSP**	4,231	37,130	\$	525,021.68	\$ 14.14	.410	\$ 124.09	\$ 5.80

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.